DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Costa			
First Name:	Erminio			
Title / Rank:	Director			
College:	Psychiatry			
Dept. / Unit:	Psychiatric Institute			
Appointment	<u>100</u> %			
University Contract Period ¹ 9 months/10 months/12 months/Summer				

PART I. Conflict of Interest Screening					
Please attach an explanatory statement for all "yes" responses.					
1. Do you have a consulting or other financial relationship with a sponsor of your research? yes* x no					
2. Do you or does any member of your family² have a managerial role or a significant³ financial relationship with a company that does business with the University or with a company in a field of your research? yes* yes* no					
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes* ⋈ no					
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. yes*					
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"					
responses to the questions above. Lists in Part II do NOT					
suffice as explanation.					
suffice as every					

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do <u>not</u> include amounts of compensation.

2007 2009

* Do not report "various" when reporting retrospective activity.

2008 2000

* Attach additional sheets if necessary

		Do you nave an	2007-2008	2006-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	<u>Prospective</u>
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
	1	1	1	

▼ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

E. Costa

Date 9-23-20

Please submit to your unit head for administrative review and approval.

¹ Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

	onflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A. Based on th	e activity reported and to the best of my knowledge and in my judgment:
Ø	No conflict of interest or commitment exists.
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
As descri	plete if question 3 on page 1 of the form is answered affirmatively: bed by the academic staff member, the involvement of University of Illinois students, faculty of in his/her non-University activities does not appear to be detrimental to those individuals.
X	Agree
<u> </u>	Disagree <u>If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President,</u>
PART V. Ap	proval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospecti	ve Activities (<u>2007-2008</u>)
X	No retrospective activities are reported or all retrospective activities are approved.
	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President).
B. Prospective	e Activities (<u>2008-2009</u>)
	No prospective activities are reported or all prospective activities are approved. Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above info	rmation is correct and complete to the best of my knowledge.
Unit Head Sign	ature Thuy Whove MD Date 10/27/08
PART VI. R	eview and Approval of Activities by Dean and Others as Required.
Dean/Director/ (If approval nee	
Additional Rev (Signatures)	iews Date
	Date

	let of Interest/Commitment Review (Please attacher copy of any referenced explanation)?		
PARELLY COM	iter of interest/Continuent accesses to the best of my knowledge and in my judgment:		
A. Based on the ac	o conflict of interest or commitment exists.		
☐ A	conflict of interest or commitment may exist, but is being monitored by the department. So, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)		
	conflict of interest or commitment may exist that warrants further review. So, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)		
B. Please complete As described and/or staff	the if question 3 on page 1 of the form is answered affirmatively: I by the academic staff member, the involvement of University of Illinois students, faculty in his/her non-University activities does not appear to be detrimental to those individuals.		
	Agree		
	Disagree f so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)		
NAMES OF THE PROPERTY OF THE P	Coronced explanation		
PART V. Appr	oval of Activities (Please attach a copy of any referenced explanation.)		
A. Retrospective	Activities (2007-2008) No retrospective activities are reported or all retrospective activities are approved.		
	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)		
B. Prospective Activities (2008-2009)			
14	No prospective activities are reported or all prospective activities are approved.		
1	i		
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)		
	nation is correct and complete to the best of my knowledge.		
The above morn	-100		
Unit Head Signat	ture (I) Date 1013100		
	view and Approval of Activities by Dean and Others as Required.		
PARALAN MERCE	MEN SITUATION OF THE STATE OF T		
Dean/Director/V (If approval need	P Signature Date		
Additional Revi	ews Date		
-	Date		

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Dove
First Name:	HENRY
Title / Rank:	Professor of Clin
College:	Medicine
Dept. / Unit:	Medicine
Appointment	_ 1
	tract Period 1 12 months/Summer

*******	ART I. Conflict of Interest Screening						
Please attach an explanatory statement for all "yes" responses. 1. Do you have a consulting or other financial							
2.	Do you or does any member of your family ²						
	have a managerial role or a significant ³						
	financial relationship with a company that						
	does business with the University or with a						
	company in a field of your research? yes* you						
3.	Do you have non-University professional						
	activities or income producing activities						
	involving University of Illinois students, or						
	other faculty or staff?						
4.	Do you or does any member of your immediate						
	family have any other relationships,						
•	commitments, or activities that might present or						
	appear to present a conflict of interest or						
	commitment with your University of Illinois						
	appointment? Such relationships may include						
	financial or fiduciary interests or						
	uncompensated activities. Report these whether						
	or not you believe the conflict is manageable. yes* X no						
*1	Please list and explain in an attached statement any "yes"						
responses to the questions above. Lists in Part II do NOT							
SI	iffice as explanation.						
	1. 2. 3. 4. *1 re						

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do <u>not</u> include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

110412 044412 0112 4117,11-8		Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	Prospective
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

Date 10/27/08

Check all that apply. The University contract period includes evening, weekends and holidays during the term of employment.

² University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor (Governor's salary \$177,412 as of July 1, 2008.)

PARIE	ive Con	illict of Interest/Commitment Review (Please attach a copy of any referenced explanations).			
Α.	Based on the	activity reported and to the best of my knowledge and in my judginent.			
	V	No conflict of interest or commitment exists.			
		A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)			
		A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)			
В.	Please compa As describ and/or staf	lete if question 3 on page 1 of the form is answered affirmatively: ed by the academic staff member, the involvement of University of Illinois students, faculty f in his/her non-University activities does not appear to be detrimental to those individuals.			
		Agree			
		Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)			
Walter Colonia		proval of Activities (Please attach a copy of any referenced explanation.)			
PARI	Patrospectiv	re Activities (2007-2008)			
Α.	Retrospectiv	No retrospective activities are reported or all retrospective activities are approved.			
Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)					
В.	Prospective	Activities (2008-2009)			
		No prospective activities are reported or all prospective activities are approved.			
		Some or all declared prospective activities are not approved. Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)			
Tr)	he above info	rmation is correct and complete to the best of my knowledge.			
		(-1)\0,1,1,1\1\1\1\0,10\0\1\1\1\1\1\1\1\1\1\			
U	nit Head Sigr				
BEAR	PARTEVIL Review and Approval of Activities by Dean and Others as Required.				
[]	Dean/Director/ If approval ne	VP Signature Date			
	Additional Re Signatures)				
		Date			

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name: ZHANG
First Name: HUAIBO
Title / Rank: Research Alli Stom / pre
College: Medicine
Dept. / Unit: PSychiatry
Appointment%
University Contract Period ¹ 9 months/ 10 months/ 12 months/ Summer

		ART I. Conflict of Interest Screening
	Ple	ease attach an explanatory statement for all "yes" responses.
	1.	Do you have a consulting or other financial
		relationship with a sponsor of your research? yes* no
	2.	Do you or does any member of your family ²
	•	have a managerial role or a significant ³
		financial relationship with a company that
		does business with the University or with a
		company in a field of your research? yes* 🔀 no
	3.	Do you have non-University professional
		activities or income producing activities
		involving University of Illinois students, or
		other faculty or staff? yes* \(\sqrt{no} \)
	4.	Do you or does any member of your immediate
ł	iv	family have any other relationships,
7	~/	commitments, or activities that might present or
		appear to present a conflict of interest or
		commitment with your University of Illinois
		appointment? Such relationships may include
		financial or fiduciary interests or
		uncompensated activities. Report these whether
		or not you believe the conflict is manageable. yes* \(\sqrt{no} \)
	* <i>I</i> :	Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
		sponses to the questions above. Lists in Part II do NOT
1	-SII	ffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

		Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	<u>Prospective</u>
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

1 Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

PART IV. Co	inflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A. Based on th	e activity reported and to the best of my knowledge and in my judgment:
	No conflict of interest or commitment exists.
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
As descri	bed by the academic staff member, the involvement of University of Illinois students, faculty aff in his/her non-University activities does not appear to be detrimental to those individuals.
	Agree
	Disagree <u>If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)</u>
	proval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospect	ive Activities (2007-2008)
M	No retrospective activities are reported or all retrospective activities are approved.
	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospectiv	re Activities (2008-2009)
	No prospective activities are reported or all prospective activities are approved.
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above info	ormation is correct and complete to the best of my knowledge.
Unit Head Sig	nature (1) 1111 (1) Date 10(24/08
PART VI. R	eview and Approval of Activities by Dean and Others as Required.
Dean/Director (If approval no	
Additional Re (Signatures)	views Date
	Date

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Wollwage	
First Name:	Seth	
Title / Rank:	Faculty/Staff	
College:	MEDICINE	
Dept. / Unit:	Behavioral Sciences	
Appointment	<u>100</u> %	
University Contract Period¹ ☐9 months/☐10 months/☐12 months/☐Summer		

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial
relationship with a sponsor of your research? yes* no
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* 🖂 no
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff?
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* no
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.
···

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

Nature of your activities		Do you have an ownership interest in this company / organization?	2007-2008 Aug.16 - Aug.15 <u>Retrospective</u>	2008-2009 Aug.16 - Aug.15 Prospective
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature Date 10 22 C

¹ Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

² University Policy defines 'Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

PART IV. CO	onflict of Interest/Commitment Review (Ple	ase attach a copy of any referenced explanation.)
A. Based on the	he activity reported and to the best of my knowledge and in my	Judgment:
	No conflict of interest or commitment exists.	
	A conflict of interest or commitment may exist, but is being If so, please attach an explanation and forward to the next a	aministrative level (Bean, Bir ector, G. 17902211111111)
	A conflict of interest or commitment may exist that warrants If so, please attach an explanation and forward to the next a	further review. dministrative level (Dean, Director, or Vice President.)
A 1	inplete if question 3 on page 1 of the form is answered affirmation is the academic staff member, the involvement taff in his/her non-University activities does not appear.	Of University of minors students, racare,
	Agree	
	Disagree If so, please attach an explanation and forward to the next of	administrative level (Dean, Director, or Vice President.)
PART V. AI	pproval of Activities (Please attach a copy of any ce	ferenced explanation.)
A. Retrospec	ctive Activities (2007-2008)	(* **
4	No retrospective activities are reported or all retrospective a	activities are approved.
	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next	administrative level (Dean, Director, or Vice President.)
B. Prospecti	ive Activities (<u>2008-2009</u>)	
A	No prospective activities are reported or all prospective active	ivities are approved.
	Some or all declared prospective activities are not approved If so, please attach an explanation and forward to the next of	l. administrative level (Dean, Director, or Vice President.)
The above inf	formation is correct and complete to the best of my knowledge.	, 1
Unit Head Sig	$k \cdot M \cdot \dots \cdot M \cdot M$	Date
	\mathcal{A}	
PART VI. I	Review and Approval of Activities by Dean	and Others as Required.
Dean/Directo (If approval 1	or/VP Signature needed)	Date
Additional R (Signatures)		Date
		Date

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	WIner	
First Name:	Jerome	
Title / Rank:	Emeritus Professor	
College:	Medicine	
Dept. / Unit:	Psychiatry	
Appointment	<u>31</u> %	
University Contract Period¹ ☐9 months/☐10 months/☐12 months/☐Summer		

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial
relationship with a sponsor of your research? yes* no
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* no
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff? ☐ yes* ☒ no
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether or not you believe the conflict is manageable. yes* \(\sqrt{no} \)
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.

9-22-08

* Attach additional sheets if necessary

Nature of your activities (see instructions for	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 Retrospective Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 Prospective Days to be Spent in Current Reporting Period
examples)	company/ organization)	an attached statement.)	tins reporting renou	Current reporting refrom
				•

☐ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

² University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Whitfield
First Name:	Harvey J. Associate Professor of Psychiatry
Title / Rank:	Associate Printer
College:	Medicine
Dept. / Unit:	Prychiatry
Appointment 5	tract Period Indefinite
University Con 9 months/	tract Period have have 10 months/ 12 months/ Summer

If your appointment is less than 75% time, you do not need to

Report total number of days, where an accumulation of eight

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial
relationship with a sponsor of your research? yes*no
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* no
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff?
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* no
*Please list and explain in an attached statement any "yes",
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

company/ organization)

- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

hours equals one day, regardless of time of day or day of week. 2007-2008 Do you have an Aug.16 - Aug.15 ownership interest in this Nature of your activities company / organization? Retrospective For whom (e.g., (see instructions for (If so, please explain in

Days Spent During this Reporting Period 2008-2009 Aug.16 - Aug.15 **Prospective** Days to be Spent in Current Reporting Period

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

an attached statement.)

PART III. Affirmation

complete this section.

examples)

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature Please submit to your unit head for administrative review and to

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

escale (a) per (a)

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

	iveci	illiet of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A.		No conflict of interest or commitment exists.
		A conflict of interest of commitment exists. A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	П	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В.	As describe	lete if question 3 on page 1 of the form is answered affirmatively: ed by the academic staff member, the involvement of University of Illinois students, faculty if in his/her non-University activities does not appear to be detrimental to those individuals.
		Agree
		Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PAR'	IV. App	proval of Activities (Please attach a copy of any referenced explanation.) re Activities (2007-2008)
11.	A	No retrospective activities are reported or all retrospective activities are approved.
		Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В.	Prospective	Activities (2008-2009)
		No prospective activities are reported or all prospective activities are approved.
		Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
т	he above infor	mation is correct and complete to the best of my knowledge.
	Init Head Signa	(M 11) 0 0 M
JDEAV B		view and Approval of Activities by Dean and Others as Required.
	Dean/Director/V If approval nee	
_	Additional Revi Signatures)	ews Date
		Date

- ---- ----

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	West
First Name:	Amy
Title / Rank:	Assistant Professor
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	<u>100</u> %
University Cor	ntract Period¹]10 months/⊠12 months/⊡Summer

PART I. Conflict of Interest Screening			
Please attach an explanatory statement for all "yes" responses.			
1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes* ☒ no			
2. Do you or does any member of your family² have a managerial role or a significant³ financial relationship with a company that does business with the University or with a company in a field of your research? yes* no			
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? □ yes* □ no			
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. yes* no			
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"			
responses to the questions above. Lists in Part II do NOT			
suffice as explanation.			

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

hours equals one day, regar	diess of time of day of day	Do you have an	2007-2008	2008-2009	
Nature of your activities (see instructions for	For whom (e.g., company/ organization) none	ownership interest in this company / organization? (If so, please explain in an attached statement.)	Aug.16 - Aug.15 Retrospective Days Spent During this Reporting Period	Aug.16 - Aug.15 Prospective Days to be Spent in Current Reporting Period	
examples) none		none	none	none	

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation
The state of the University's Policy on Conflicts of Commitment and Interest' and the above information is
true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.
Academic Staff Member's Signature / My C. (UST Date 10/7/08
Please submit to your unit head for administrative review and approval.

1 Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children. Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

IV. Co	nflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
Based on the	e activity reported and to the best of my knowledge and in my judgment:
A	No conflict of interest or commitment exists.
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
As describ	polete if question 3 on page 1 of the form is answered affirmatively: seed by the academic staff member, the involvement of University of Illinois students, faculty ff in his/her non-University activities does not appear to be detrimental to those individuals.
	Agree
	Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	proval of Activities (Please attach a copy of any referenced explanation.)
Retrospectiv	ve Activities (2007-2008)
	No retrospective activities are reported or all retrospective activities are approved.
	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
Prospective	Activities (<u>2008-2009</u>)
	No prospective activities are reported or all prospective activities are approved.
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
ne above infor	mation is correct and complete to the best of my knowledge.
nit Head Sign	ature (4) Date 161/08
T VI. Re	eview and Approval of Activities by Dean and Others as Required.
ean/Director/	
f approval nee	eded) Date
dditional Rev Signatures)	iews Date
- ,	
	Please compass described and/or state and/or

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	WALTON		
First Name:	Laura		
Title / Rank:	Coordinator		
College:	MEdiciNE		
Dept. / Unit:	Psychiatry/IJR		
Appointment 100 %			
University Contract Period ¹ 9 months/ 10 months/ 12 months/ Summer			

PART I. Conflict of Interest Screening				
Please attach an explanatory statement for all "yes" responses.				
1. Do you have a consulting or other financial relationship with a sponsor of your research? yes* no				
2. Do you or does any member of your family ² have a managerial role or a significant ³ financial relationship with a company that does business with the University or with a company in a field of your research?				
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff?				
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. yes*				
*Please list and explain in an attached statement any "yes"				
responses to the questions above. Lists in Part II do NOT				
suffice as explanation.				

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do <u>not</u> include amounts of compensation.
 - * Do not report "various" when reporting retrospective activity.
 - * Attach additional sheets if necessary

2007-2008 2008-2009 Do you have an Aug.16 - Aug.15 Aug.16 - Aug.15 ownership interest in this Nature of your activities company / organization? Retrospective Prospective (see instructions for Days to be Spent in For whom (e.g., (If so, please explain in Days Spent During company/ organization) an attached statement.) this Reporting Period Current Reporting Period examples)

✓ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature James Thallor Please submit to your unit head for administrative review and approval. Date 9-22-08

1 Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

² University Policy defines "Family" as one's spouse and children.

³ Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

ART	IV. Con	aflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A.	Based on the	activity reported and to the best of my knowledge and in my judgment.
	A	No conflict of interest or commitment exists.
		A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
		A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В.		olete if question 3 on page 1 of the form is answered affirmatively: bed by the academic staff member, the involvement of University of Illinois students, faculty of in his/her non-University activities does not appear to be detrimental to those individuals.
		Agree
		Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
DAD'	T X7 An	proval of Activities (Please attach a copy of any referenced explanation.)
PAR	Petrospecti	ve Activities (2007-2008)
A.	Kenospeen	No retrospective activities are reported or all retrospective activities are approved.
	V	
	<u>i</u>	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
В	Prospective	e Activities (2008-2009)
	X	No prospective activities are reported or all prospective activities are approved.
		Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
Т	he above info	rmation is correct and complete to the best of my knowledge.
	Jnit Head Sigi	nature () () Date Date
PAF	RT VI. R	eview and Approval of Activities by Dean and Others as Required.
I (Dean/Director If approval ne	/VP Signature Date
_	Additional Re (Signatures)	views Date
		Date

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Wakschlag		
First Name:	Lauren		
Title / Rank:	Associate Professor/Psychiatry		
College:	Medicine		
Dept. / Unit:	Psychiatry/IJR		
Appointment	<u>100</u> %		
University Co	ntract Period¹]10 months/⊠12 months/[]Summer		

PART I. Conflict of Interest Screening				
Please attach an explanatory statement for all "yes" responses.				
1. Do you have a consulting or other financial relationship with a sponsor of your research? yes* 🗵 no				
2. Do you or does any member of your family ² have a managerial role or a significant ³ financial relationship with a company that does business with the University or with a company in a field of your research? yes* yes* yes* no				
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes* ▼ no				
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. yes* no *Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT				
suffice as explanation.				

DADETT	T : 4:	f Non-University	Income Proc	fucing A	ctivities
PAKI II.	LISTING O	I MOII-OHIVEISITY	Income z z s z		

- If your appointment is less than 75% time, you do not need to complete this section.
- Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation. * Do not report "various" when reporting retrospective activity.
 - * Attach additional sheets if necessary

2008-2009 2007-2008 Do you have an Aug.16 - Aug.15 ownership interest in this Aug.16 - Aug.15 Prospective Retrospective company / organization? Nature of your activities Days to be Spent in Days Spent During (If so, please explain in For whom (e.g., (see instructions for Current Reporting Period this Reporting Period an attached statement.) company/ organization) examples)

X I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART	III.	Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

PART	IV. Co	inflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)	
A.	Based on th	e activity reported and to the best of my knowledge and in my judgment:	
	X	No conflict of interest or commitment exists.	
		A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)	
		A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)	
В.	As descri	plete if question 3 on page 1 of the form is answered affirmatively: bed by the academic staff member, the involvement of University of Illinois students, faculty of in his/her non-University activities does not appear to be detrimental to those individuals.	
		Agree	
		Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)	
PART	Г. V. Ар	proval of Activities (Please attach a copy of any referenced explanation.)	
Α.	Retrospect	ive Activities (<u>2007-2008)</u>	
No retrospective activities are reported or all retrospective activities are approved.			
		Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)	
B.	Prospectiv	e Activities (<u>2008-2009</u>)	
	X	No prospective activities are reported or all prospective activities are approved.	
		Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)	
	ne above info nit Head Sign	nature Date Date	
PAR	TVI. R	Review and Approval of Activities by Dean and Others as Required.	
	ean/Director f approval ne	/VP Signature Date	
	dditional Re Signatures)	views Date	
		Date	

University of Illinois at Chicago Academic Staff 2008-2009 Report of

Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Tueting
First Name:	Patricia
Title / Rank:	Research Assistant Professor
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	<u>51</u> %
University Con	ntract Period¹]10 months/⊠12 months/⊡Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? yes* x no
2. Do you or does any member of your family ² have a managerial role or a significant ³
financial relationship with a company that does business with the University or with a company in a field of your research?
Company in a note of your control
3. Do you have non-University professional activities or income producing activities
involving University of Illinois students, or other faculty or staff?
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* X no
*Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

examples) company/ organization) an attached statement.) this Reporting Period Current Reporting Period

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature Vata

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A. Based on the activity reported and to the best of my knowledge and in my judgment:
No conflict of interest or commitment exists.
A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Please complete if question 3 on page 1 of the form is answered affirmatively: As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.
Agree
Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PART V. Approval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospective Activities (2007-2008)
No retrospective activities are reported or all retrospective activities are approved.
Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospective Activities (2008-2009)
No prospective activities are reported or all prospective activities are approved.
Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above information is correct and complete to the best of my knowledge. Unit Head Signature Date
Offit riead Signature
PART VI. Review and Approval of Activities by Dean and Others as Required.
Dean/Director/VP Signature (If approval needed) Date
Additional Reviews (Signatures) Date
Date

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Thompson-Berry
First Name:	Cynthia
Title / Rank:	Assistant Professor
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	<u>70_</u> %
University Cor	ntract Period ¹]10 months/×12 months/Summer

PART I. Conflict of Interest Screening				
Please attach an explanatory statement for all "yes" responses.				
1. Do you have a consulting or other financial relationship with a sponsor of your research? yes* x no				
2. Do you or does any member of your family ²				
have a managerial role or a significant ³				
financial relationship with a company that				
does business with the University or with a				
company in a field of your research? yes* 🗓 yes				
3. Do you have non-University professional				
activities or income producing activities				
involving University of Illinois students, or				
other faculty or staff?				
4. Do you or does any member of your immediate				
family have any other relationships,				
commitments, or activities that might present or				
appear to present a conflict of interest or				
commitment with your University of Illinois				
appointment? Such relationships may include				
financial or fiduciary interests or				
uncompensated activities. Report these whether				
or not you believe the conflict is manageable. yes* no				
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"				
responses to the questions above. Lists in Part II do NOT				
suffice as explanation.				
0.73, 100 0.0				

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

hours equals one day, regain	raless of time of day of day	OI WEEK.	T	
		Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
NI-turn of your optivities		company / organization?	Retrospective	Prospective
Nature of your activities	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
(see instructions for	company/organization)	an attached statement.)	this Reporting Period	Current Reporting Period
examples)	company/ organization)	an attached statement.	vano 3-1-j	1
		•		
			1	
				1

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation	
Laffirm that I have read the University's Policy on Conflicts of Co	ommitment and Interest ⁴ and the above information is
true to the best of my knowledge. If significant changes in activitie	s occur during the year, this form must be updated.
Academic Staff Member's Signature and Academic Staff Member's Signature	Date 9/22/68
Places submit to your unit head for administrative review and approval	

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

² University Policy defines 'Family' as one's spouse and children.

⁴ The University Policy on Conflicts of Commitment and Interest is available at: http://www.vpaa.uillinois.edu/policies/conflict_toc.asp

Page 1 of 2

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who cam more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Skowronski	
First Name:	Francesca	
Title / Rank:	Visiting Assistant Professor	
College:	Medicine	
Dept. / Unit:	Psychiatry	
Appointment	100%	
University Contract Period¹ ☐ 9 months/☐ 10 months/☐ 12 months/☐ Summer		

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes* ☒ no
2. Do you or does any member of your family² have a managerial role or a significant³ financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes* ⋈ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? yes* no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes* ⋈ no
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

		Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	Prospective
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
			l	1

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature Francisco Shownshi Date 9/3010

Please submit to your unit head for administrative review and approval.

- 1 Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.
- ² University Policy defines "Family" as one's spouse and children.
- Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

PA			nflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
	A.	Based on th	e activity reported and to the best of my knowledge and in my judgment:
		(A)	No conflict of interest or commitment exists.
			A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
*			A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	В.	As describ	blete if question 3 on page 1 of the form is answered affirmatively: bed by the academic staff member, the involvement of University of Illinois students, faculty ff in his/her non-University activities does not appear to be detrimental to those individuals.
		X	Agree
			Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PA	AR'	ΓV. Ap	proval of Activities (Please attach a copy of any referenced explanation.)
	Α.	Retrospecti	ve Activities (<u>2007-2008)</u>
		X	No retrospective activities are reported or all retrospective activities are approved.
			Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	В.	Prospective	Activities (<u>2008-2009</u>)
		Æ	No prospective activities are reported or all prospective activities are approved.
			Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	Th	ne above infor	mation is correct and complete to the best of my knowledge.
	Ur	nit Head Sign	ature 4 10 27 /08
P	AR'	TVI. R	eview and Approval of Activities by Dean and Others as Required.
		ean/Director/\ fapproval nee	
		dditional Rev ignatures)	iews Date
			Date

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Eiger
First Name:	Rodncy
Title / Rank:	Asst.Professor, Clincal Psychiatry
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	<u>25</u> %₁
University Cor	ntract Period ¹]10 months/\(\sime\)12 months/\(\sime\)Summer

F		The second of th	7.5 (n) #2.55.
		ART I. Conflict of Interest Screening	Transfer and
L		lease attach an explanatory statement for all "yes" respoi	15€\$.
	1.	Do you have a consulting or other financial	
}		relationship with a sponsor of your research? yes*	′ 🔀 no
	2.	Do you or does any member of your family!	
		have a managerial role or a significant ³	
		financial relationship with a company that	
		does business with the University or with a	
-		company in a field of your research?	* ⊠ по
Ī	3.		Ostinie.
ļ		Do you have non-University professional arm full activities or income producing activities at the Te	SSE BRAU
1		involving University of Illinois students, or VAME	
		other faculty or staff?	* . 🔲 no
	4.		
		family have any other relationships,	
		commitments, or activities that might present or	1
15.	ž.	appear to present a conflict of interest or	الخدك
		commitment with your (Iniversity of Illinois	
		appointment? Such relationships may include	
		financial or fiduciary interests or	∜.
		uncompensated activities. Report these whether	
-		or not you believe the conflict is manageable. yes	* 🛛 no
1	次 }	Please list and explain in an attached statement any "yo	25."
١	10	esponses to the questions above. Lists in Part II do NO.	r
		nffice as explanation.	
1	13 # 9	TEN IN SUPERIOR	

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do not need to complete this section.
- Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting remospective activity.
- * Attach additional sheets if necessary

	Do you have an	2007-2008	2008-2009
	ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
	company / organization?	Retrospective	Prospective
For whom (e.g.,	(If so, please explain in #	Days Spent During	Days to be Spent inc.
company/organization)	an attached statement.)	this Reporting Period	Current Reporting Period
	, , , , .	ownership interest in this company / organization? For whom (e.g., (If so, please explain in *)	for whom (e.g., Ownership interest in this company / organization? (Aug.16 - Aug.15 - Retrospective Days Spent During

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT
PART III. Affirmation
I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is
true to the best of my knowledge. If significany changes in activities occur during the year, this form must be updated.
Academic Staff Member's Signature Wy CARGRUM Date 10/23/08
Please submit to your unit head for administrative review and approval.
Check all that apply. The University contract period includes evenings, weekens and holidays during the term of employment.
University Policy defines "Family" as one's spouse and children. The book of records and children their definations of dollar value. The Illinois

Procorement Code (5 Illinois Compiled Statutes 500/50-13) prohibus the award of University contracts to companies in which University employees who earn more than attential to the Covernor's salary have either (a) ownership interests in excess of 7.1.2% or (hi entitle monts to annual medium in amounts in excess of the salary of the Covernor. (Governor's salary \$177,412 as of July 1, 2008.)

The University Policy on Conflicts of Commitment and Interest is available at: http://www.ibaa.io/filious.ash/pc/icee/conflict_locasp

2008 - 2009

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

			~
P	ARTIV. (onflict of Interest/Commitment Review (Please attach a copy of any reference), explanation yes	
	A. Based on	the activity reported and to the best of my knowledge and in my judgment:	
	\not	No conflict of interest or commitment exists.	
		A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President	.)
		A conflict of interest or commutment may exist that warrants further review. If no, please anach an explanation and forward to the next administrative level (Dean, Director, or Vice Bresident)	<i>;)</i>
,	As desc	ribed by the academic staff member, the involvement of University of Illinois students, faculty taff in his/her non-University activities does not appear to be detrimental to those individuals.	
		Agree Disagree	
		If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President .) -
P	ART V. A	pproval of Activities (Please attach a copy of any referenced explanation)	
	A. Retrospe	ctive Activities (2007-2008)	
		No retrospective activities are reported or all retrospective activities are approved.	
		Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)	<u>(.)</u>
	B. Prospec	ive Activitles (2008-2009)	
	A	No prospective activities are reported or all prospective activities are approved.	
		Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)	J
	The above in	formation is correct and complete to the best of my knowledge.	
)	Unit Head S	gnature Church Date 10/27/08	
P	ART VI.	Review and Approval of Activities by Dean and Others as Required.	
	Dean/Direct (If approval	or/VP Signature	
	Additional I	eviews	
	(Signatures)	Date	
		Date	

2008;- 2009

PART I. Conflict of Interest Screening

relationship with a sponsor of your research?

2. Do you or does any member of your family²

1. Do you have a consulting or other financial

have a managerial role or a significant' financial relationship with a company that

Please attach an explanatory statement for all "yes" responses.

University of Illinois at Chicago

Academic Staff

2008-2009 Report of
Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

REQUEST FO APPROVAL	RIKION			ith the University or weld of your research?	rith a yes* no
Last Name: Gho First Name: No Title / Rank: Awisłow Clivi College: No Dept. / Unit: Ps Appointment 20 % University Contract Peri	ediali Afisa At Professor of cal Psychicary nedicune ychiary od! hs/212 months/ Sumn		B. Do you have no activities or inco involving University or their faculty or more than their faculty or not you belie their their faculty or not you belie their faculty or not you belief their faculty	n-University profession ome producing activities of Illinois studen staff? any member of your involves that might a conflict of interest the your University of I uch relationships may activities. Report these ever the conflict is manageral in an attached support of the supersions above. Lists in the conflict is manageral in an attached support of the supersions above.	nal es ts. or
PART II. Listing of					
If your appointment is less complete this section. Report total number of day	than 75% time, you do <u>not</u> s, where an accumulation or dless of time of day or day	eed to	* Do <u>not</u> includ * Do <u>not</u> report * Attach additi	de amounts of compensat "various" when reportin onal sheets if necessary	
Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you owners compar (If so,	have an ship interest in this my / organization? please explain in ched statement.)	2007-2008 Aug.16 - Aug.15 Retrospective Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 Prospective Days to be Spent in Current Reporting Period
\boxtimes	I HAVE NO ACTIV	TIES	THAT I AM RI	 EQUIRED TO REP	ORT ORT
PART III. Affirm					the charainformation is
I affirm that I have read true to the best of my kn	the University's <i>Policy</i> owledge. <i>If significant c</i>	on Con hanges	flicts of Commitm in activities occur	ent and Interest' and during the year, this fo	the above information is orm must be updated.

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.
Federal research regulations define "significant" as financial interests exceeding \$10.000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who carn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1.2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor (crovernor's salary \$177.412 as of July 1, 2008.)

The University Policy on Conflicts of Commitment and Interest is available at: http://www.vpaa.uillinois.edu/policies/conflict_toc/asp

Academic Staff Member's Signature

PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A. Based on the activity reported and to the best of my knowledge and in my judgment:
No conflict of interest or commitment exists.
A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Please complete if question 3 on page 1 of the form is answered affirmatively: As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.
Agree
Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PART V. Approval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospective Activities (2007-2008)
No retrospective activities are reported or all retrospective activities are approved.
Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President,)
B. Prospective Activities (2008-2009)
No prospective activities are reported or all prospective activities are approved.
Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above information is correct and complete to the best of my knowledge.
Unit Head Signature Thur Whave Date 16/27/08
PART VI. Review and Approval of Activities by Dean and Others as Required.
Dean/Director/VP Signature (If approval needed) Date
Additional Reviews (Signatures) Date
Date

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Guidotti
First Name:	Alessandro
Title / Rank:	Scientific Director
College:	Psychiatry
Dept. / Unit:	Psychiatric Institute
Appointment	<u>100</u> %
University Cor	ntract Period ¹ 10 months/12 months/Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? yes* 🗵 no
2. Do you or does any member of your family ² have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a company in a field of your research? yes* 🗵 no
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or other faculty or staff?
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* X no
*Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do not need to complete this section.
- Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

8-2009
g.16 - Aug.15
<u>spective</u>
s to be Spent in
rent Reporting Period

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature Please submit to your unit head for administration

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

	inflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A. Based on th	e activity reported and to the best of my knowledge and in my judgment:
abla	No conflict of interest or commitment exists.
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
As descri	plete if question 3 on page 1 of the form is answered affirmatively: bed by the academic staff member, the involvement of University of Illinois students, faculty aff in his/her non-University activities does not appear to be detrimental to those individuals.
Ø	Agree
	Disagree <u>If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President</u>)
	proval of Activities (Please attach a copy of any referenced explanation.) ve Activities (2007-2008)
	No retrospective activities are reported or all retrospective activities are approved.
Ā	
	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospective	e Activities (<u>2008-2009</u>)
₩	No prospective activities are reported or all prospective activities are approved.
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above info	rmation is correct and complete to the best of my knowledge.
Unit Head Sign	nature The World Me Date 10/27/08
PART VI. R	eview and Approval of Activities by Dean and Others as Required.
Dean/Director/ (If approval ne	
Additional Rev (Signatures)	riews Date
	Date

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Logan
First Name:	Stephen
Title / Rank:	Research Assistant Professor
College:	Medical College
Dept. / Unit:	Psychiatry
Appointment	<u>100</u> %
University Con My 9 months/	ntract Period ¹]10 months/12 months/Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial
relationship with a sponsor of your research? yes* x no
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* X no
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff?
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* no
*Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do not need to complete this section.
 * Report total number of days, where an accumulation of eight
- * Do not report "various" when reporting retro
- * Do \underline{not} report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 Retrospective Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 Prospective Days to be Spent in Current Reporting Period
		,		

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

__ Date _

Oct. 23-d

2008

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.
 Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor.

(Governor's salary \$177,412 as of July 1, 2008.)

The University Policy on Conflicts of Commitment and Interest is available at: http://www.vpaa.uillinois.edu/policies/conflict_toc.asp

PART	IV. Cor	iflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A.	Based on the	activity reported and to the best of my knowledge and in my judgment:
		No conflict of interest or commitment exists.
		A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
		A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В.	As describ	lete if question 3 on page 1 of the form is answered affirmatively: ed by the academic staff member, the involvement of University of Illinois students, faculty if in his/her non-University activities does not appear to be detrimental to those individuals.
		Agree
		Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PART	ΓV Ant	proval of Activities (Please attach a copy of any referenced explanation.)
Α.	Retrospectiv	ve Activities (2007-2008)
	M	No retrospective activities are reported or all retrospective activities are approved.
		Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В.	Prospective	Activities (2008-2009)
	X	No prospective activities are reported or all prospective activities are approved.
		Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
TI	he above infor	mation is correct and complete to the best of my knowledge.
U	nit Head Sign	ature () Date 10 24 08
PAR	TVI. R	eview and Approval of Activities by Dean and Others as Required.
	ean/Director/ f approval ne	
	dditional Rev Signatures)	iews Date
		Date

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Manev
First Name:	Radmila
Title / Rank:	Associate Professor
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	<u>100</u> %
University Cor	ntract Period¹]10 months/⊠12 months/[Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes* ☒ no
2. Do you or does any member of your family ² have a managerial role or a significant ³ financial relationship with a company that does business with the University or with a company in a field of your research?
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? yes* ▼ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. yes* no
*Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

		Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	Prospective
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature Lock Color of Color of

). Tares D

9/24/08

Please submit to your unit near for duministrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

PARENY.	acmilie.	of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A. Başed	l on the activity	reported and to the best of my knowledge and in my judgment:
A		flict of interest or commitment exists.
	If so, pi	lict of interest or commitment may exist, but is being monitored by the department. lease attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	A confi	lict of interest or commitment may exist that warrants further review. lease attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	1 11 11	the academic staff member, the involvement of University of Illinois students, faculty sher non-University activities does not appear to be detrimental to those individuals.
(Agree	
	Disagr <u>If so, p</u>	ree blease attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	an and a second second second second	
PART V.	Approva	l of Activities (Please attach a copy of any referenced explanation.)
A. Retr	ospective Activ	vities (2007-2008)
ľ		trospective activities are reported or all retrospective activities are approved.
	Some If so,	or all retrospective activities are not approved. please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
B. Pros	spective Activit	ties (<u>2008-2009</u>)
1	No pro	ospective activities are reported or all prospective activities are approved.
V		or all declared prospective activities are not approved. <u>please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)</u>
The abo	we information	is correct and complete to the best of my knowledge.
The abo	we information	(1) 011111 Date 10/5/08
Unit He	ad Signature	- I was so case
	i Daviac	and Approval of Activities by Dean and Others as Required. 2
HEALT A		
	oirector/VP Sigroval needed)	nature Date
Additio (Signat	onal Reviews ures)	Date
		Date

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Mason
First Name:	Sally
Title / Rank:	Associate Clinical Professor
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	<u>100</u> %
University Con 9 months/	ntract Period¹]10 months/⊠12 months/⊡Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial
relationship with a sponsor of your research? yes* no
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* no
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff? \square yes* \square no
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. U yes* \(\) no
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

		Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	Prospective
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
•				
	<u> </u>	<u></u>		<u> </u>

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature Date 9/2

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

² University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor (Governor's salary \$177,412 as of July 1, 2008.)

o, mo may a	Tay () () () () () () () () () (
PARTITY CO	inflict of Interest Communications Review Please affact a copy of any referenced explanations).
A. Based on th	e activity reported and to the best of my knowledge and in my judgment:
V	No conflict of interest or commitment exists.
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Please com As descri and/or sta	uplete if question 3 on page 1 of the form is answered affirmatively: bed by the academic staff member, the involvement of University of Illinois students, faculty aff in his/her non-University activities does not appear to be detrimental to those individuals.
	Agree
	Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PART V. AT	pproval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospec	tive Activities (2007-2000)
X	No retrospective activities are reported or all retrospective activities are approved.
	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospecti	ve Activities (<u>2008-2009</u>)
14	No prospective activities are reported or all prospective activities are approved.
	•
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
The above in	formation is correct and complete to the best of my knowledge. Date 10508
Unit Head Si	gnature William Report 1992
	Review and Approval of Activities by Dean and Others as Required.
DEVATOR AND DES	Company of the Compan
Dean/Directo (If approval)	or/VP Signature Date
Additional R (Signatures)	
(=-5)	Date

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Massie
First Name:	Elise
Title / Rank:	Assistant Professor
College:	Medical Center
Dept. / Unit:	Psychiatry
Appointment	<u>60</u> %
University Con 9 months/	tract Period¹]10 months/⊠12 months/⊡Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes* ☒ no
2. Do you or does any member of your family have a managerial role or a significant financial relationship with a company that
does business with the University or with a company in a field of your research? yes* no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or
other faculty or staff? yes* 🖾 no
4. Do you or does any member of your immediate family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* no
*Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 Retrospective Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 Prospective Days to be Spent in Current Reporting Period

☐ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's *Policy on Conflicts of Commitment and Interest*⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

Administrative Review and Approval, UIC RNUA 2008-2009

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and approval regarding forwarding and retention of the Reports of Non-University Activities). forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

PART IV Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation)
A. Based on the activity reported and to the best of my knowledge and in my judgment:
No conflict of interest or commitment exists.
A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
B. Please complete if question 3 on page 1 of the form is answered affirmatively: As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.
Agree
Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
Service and explanation
PART V. Approval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospective Activities (2007-2008) No retrospective activities are reported or all retrospective activities are approved.
Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospective Activities (2008-2009)
No prospective activities are reported or all prospective activities are approved.
$\sqrt{-}$
Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above information is correct and complete to the best of my knowledge.
The above information of collect and start of of collect
Unit Head Signature (4) WWW W But IV
PARTEVI, Review and Approval of Activities by Dean and Others as Required.
Signature Assessment State Control of the Control o
Dean/Director/VP Signature Date (If approval needed)
Additional Reviews Date
Date

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	miller
First Name:	Lawa
Title / Rank:	Professor
College:	Medicne
Dept. / Unit:	Psychietry
Appointment	85%
University Cor	ntract Period ^l]10 months/ <u> </u> 12 months/ <u></u> Summer

	PART I. Conflict of Interest Screening
-	Please attach an explanatory statement for all "yes" responses.
	1. Do you have a consulting or other financial relationship with a sponsor of your research? yes* x no
	2. Do you or does any member of your family have a managerial role or a significant ³ financial relationship with a company that
	does business with the University or with a company in a field of your research? yes* 🗵 no
	3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or
	other faculty or staff?
-	4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether
	or not you believe the conflict is manageable. \[\] yes \[\] \[\]
r	*Please <u>list</u> and <u>explain</u> in an attached statement any yes responses to the questions above. Lists in Part II do NOT
	suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

For whom (e.g.,	Do you have an	Retrospective	2008-2009 Aug.16 - Aug.15 Prospective Days to be Spent in Current Reporting Period	
		TOURS TO REP		•

X I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.
Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

Administrative Review and Approval, UIC RNUA 2008-2009

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

	1 and anotion
PART IV. Conflict of Interest/Comm	itment Review (Please attach a copy of any referenced explanation.)
A. Based on the activity reported and to the best of	t my knowledge and in my judgment.
No conflict of interest or commitm	nent exists.
<u>If so, please attach an explanation</u>	ent may exist, but is being <u>monitored by the department.</u> In and forward to the next administrative level (Dean, Director, or Vice President.)
A conflict of interest or commitm If so, please attach an explanation	ent may exist that warrants further review. n and forward to the next administrative level (Dean, Director, or Vice President.)
B. Please complete if question 3 on page 1 of the j As described by the academic staff mer and/or staff in his/her non-University a	form is answered affirmatively: mber, the involvement of University of Illinois students, faculty ctivities does not appear to be detrimental to those individuals.
Agree	
Disagree <u>If so, please attach an explanatio</u>	on and forward to the next administrative level (Dean, Director, or Vice President.)
PART V. Approval of Activities (Pleas	se attach a copy of any referenced explanation.)
A. Retrospective Activities (2007-2008)	
No retrospective activities are re	ported or all retrospective activities are approved.
If so, please attach an explanation	ies are not approved. on and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospective Activities (2008-2009)	
No prospective activities are repo	orted or all prospective activities are approved.
/	
The above information is correct and complete to	the best of my knowledge.
1 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NO M Date 10 108
Unit Head Signature	
PART VI. Review and Approval of	Activities by Dean and Others as Required.
Dean/Director/VP Signature (If approval needed)	Date
Additional Reviews (Signatures)	Date
	Date

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Nand
First Name:	Surinder
Title / Rank:	Professor of Clinical Psychiatry
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	12_%
University Con	ntract Period¹]10 months/⊠12 months/∭Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial
relationship with a sponsor of your research? yes* no
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* 🗵 no
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff?
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* no
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

		Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	<u>Prospective</u>
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
			•	
I .	1	5	1	4

▼ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature Sulule Sule Nove 11 Date Oct 1, 2008

Please submit to your unit head for administrative review and approval.

University Policy defines "Family" as one's spouse and children.

¹ Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

⁴ The University Policy on Conflicts of Commitment and Interest is available at: http://www.vpaa.uillinois.edu/policies/conflict_toc.asp

Administrative Review and Approval, UIC RNUA 2008-2009

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

BARCHA GOO	lict of Interest/Commitment Review (Please attach a copy of any referenced explanation!)
A. Based on the ac	ctivity reported and to the best of my knowledge and in my judgment:
	lo conflict of interest or commitment exists.
Ţ	conflict of interest or commitment may exist, but is being monitored by the department. f. so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
☐ A	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
A 1 1	te if question 3 on page 1 of the form is answered affirmatively: d by the academic staff member, the involvement of University of Illinois students, faculty in his/her non-University activities does not appear to be detrimental to those individuals.
	Agree
	Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PART V. Appr	oval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospective	Activities (2007-2008) No retrospective activities are reported or all retrospective activities are approved.
	de la disease est approved
ъ Ц	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
B. Prospective A	Activities (<u>2008-2009</u>)
	No prospective activities are reported or all prospective activities are approved.
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The shove inform	nation is correct and complete to the best of my knowledge.
	(1) 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
Unit Head Signat	ure 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	V The Day of Charge Rained 23
era erange	view and Approval of Activities by Dean and Others as Required.
Dean/Director/VI	
(If approval need	led) Date
Additional Revie	
(Signatures)	Date
	Date

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Nyenh	nis
First Name:	David	
Title / Rank:	Assoc.	Injessor
College:	Medic	cinc
Dept. / Unit:	Neurolos	8/ Psychiate
Appointment	100%	'0/ '
University Cor X 9 months/	tract Period ¹]10 months/	12 months/Summer
		8.05

	P	ART 1. Conflict of Interest Screening
Ī	Ple	ease attach an explanatory statement for all "yes" responses.
	1.	Do you have a consulting or other financial
		relationship with a sponsor of your research? yes* no
	2.	Do you or does any member of your family ²
		have a managerial role or a significant ³
		financial relationship with a company that
		does business with the University or with a
		company in a field of your research? yes* no
	3.	Do you have non-University professional
		activities or income producing activities
		involving University of Illinois students, or
		other faculty or staff?
	4.	Do you or does any member of your immediate
		family have any other relationships,
		commitments, or activities that might present or
		appear to present a conflict of interest or
	i	commitment with your University of Illinois
`		appointment? Such relationships may include
)		financial or fiduciary interests or
•		uncompensated activities. Report these whether or not you believe the conflict is manageable. ves* no
		of not you denote the commet is made by
	*	Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
		esponses to the questions above. Lists in Part II do NOT
	S	uffice as explanation.

PARTIL Listing of Non-University Income Producing Activities

- * 1f your appointment is less than 75% time, you do not need to complete this section.
- Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

Nature of your activities (see instructions for	For whom (e.g.,	Do you have an ownership interest in this company / organization? (If so, please explain in	Aug.16 - Aug.15 Retrospective Days Spent During this Reporting Period	Aug.16 - Aug.15 Prospective Days to be Spent in Current Reporting Period
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting 1 cried
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/	N. 14	100	V2.103		4 4 1 1	4 H M		
100		4 T 17 T 18	100		SELE			

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is ctivities occur during the year, this form must be updated. true to the best of my knowledge. If significant d

Academic Staff Member's Signature Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor (Governor's salary \$177,412 as of July 1, 2008.)

Administrative Review and Approval, UIC RNUA 2008-2009

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

PART IV. Condict of Interest/Communicati Review (Please attach a copy of any referenced explanations).
A. Based on the activity reported and to the best of my knowledge and in my judgment:
No conflict of interest or commitment exists.
A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Please complete if question 3 on page 1 of the form is answered affirmatively: As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.
Agree
Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PART V. Approval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospective Activities (2007-2008)
No retrospective activities are reported or all retrospective activities are approved.
Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President,
B. Prospective Activities (2008-2009)
No prospective activities are reported or all prospective activities are approved.
Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President,
The above information is correct and complete to the best of my knowledge.
1.1\0.1\1\1\1\0.1\0.1\0.1\0.1\0.1\0.
Unit Head Signature (9) (1) Date 12
PART VI. Review and Approval of Activities by Dean and Others as Required.
Dean/Director/VP Signature Date
(If approval needed)
Additional Reviews (Signatures) Date
Date

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:

First Name:

Mamas

Title / Rank:

College:

Dept. / Unit:

Appointment

Do

University Contract Period

9 months/ 10 months/ 12 months/ Summer

PART L. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? yes* no
2. Do you or does any member of your family ² have a managerial role or a significant ³
financial relationship with a company that does business with the University or with a
company in a field of your research? yes* \(\int \)
3. Do you have non-University professional activities or income producing activities
involving University of Illinois students, or other faculty or staff?
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* no *Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

(Cross From

PART II. Listing of Non-University Income Producing Activities

- * 1f your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

Nature of your activities (see instructions for	For whom (e.g.,	Do you have an ownership interest in this company / organization? (If so, please explain in	Aug.16 - Aug.15 Retrospective Days Spent During	Aug.16 - Aug.15 Prospective Days to be Spent in
examples)	company/organization)	an attached statement.)	this Reporting Period	Current Reporting Period
z – z <i>z z z z z z z z z z z z z z z z z</i>	1		-	

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

Date

-22.0

1 Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor (Governor's salary \$177,412 as of July 1, 2008.)

Administrative Review and Approval, UIC RNUA 2008-2009
(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

PART	IV. Co	nflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A. I	Based on the	e activity reported and to the best of my knowledge and in my judgment:
	A	No conflict of interest or commitment exists.
		A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
		A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	As describ	olete if question 3 on page 1 of the form is answered affirmatively: bed by the academic staff member, the involvement of University of Illinois students, faculty of in his/her non-University activities does not appear to be detrimental to those individuals.
		Agree
		Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PART		proval of Activities (Please attach a copy of any referenced explanation.)
A.	Retrospectiv	ve Activities (<u>2007-2008)</u>
	X	No retrospective activities are reported or all retrospective activities are approved.
		Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В.	Prospective	Activities (2008-2009)
	X	No prospective activities are reported or all prospective activities are approved.
		Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
The	above infor	mation is conject and complete to the best of my knowledge.
Uni	t Head Sign	ature (4) Cluy Wate 10/1/05
PART	VI. Re	eview and Approval of Activities by Dean and Others as Required.
	an/Director/\ approval nee	VP Signature Date
	ditional Rev gnatures)	iews Date
		Date

University of Illinois at Chicago

Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	PANDEY
First Name:	Ghanshyam
Title / Rank:	Professor
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	<u>100</u> %
University Con 9 months/	ntract Period ¹]10 months/\(\square\)12 months/\(\square\)Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes* ☐ no
2. Do you or does any member of your family ² have a managerial role or a significant ³ financial relationship with a company that does business with the University or with a
company in a field of your research? yes* no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes* ☐ yes*
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. yes* no
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 Retrospective Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 Prospective Days to be Spent in Current Reporting Period
5. (%) SKT TTP		<u>.</u>	-	x

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

Date 9/24/08

1 Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

Administrative Review and Approval, UIC RNUA 2008-2009

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

,		Povijon u do povijon u do povijon v danje referenced explanation.
PARULIN	Æ Com	het of Interest/Commitment Review (Please attach a copyrof any referenced explanations). ctivity reported and to the best of my knowledge and in my judgment:
A. Ba	sed on the a	to conflict of interest or commitment exists.
	_	the department
		f so, please attach an explanation and forward to the next damming are
	<u>I</u>	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Pla A ar	ease comple s describe nd/or staff	the if question 3 on page 1 of the form is answered affirmatively: d by the academic staff member, the involvement of University of Illinois students, faculty in his/her non-University activities does not appear to be detrimental to those individuals.
	_	Agree
		Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
N		A Coloration (Vision Control C
PART	v. App	roval of Activities (Please attach a copy of any referenced explanation.)
A. R	etrospective	e Activities (2007-2008) No retrospective activities are reported or all retrospective activities are approved.
	X	·
		Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В. Т	Prospective	Activities (2008-2009)
		No prospective activities are reported or all prospective activities are approved.
		Some or all declared prospective activities are not approved. Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
Tha		mation is correct and complete to the best of my knowledge.
		(1) 01111 / 0 M Date (0) 5 (00
Unit	Head Signa	ature 911 tutting to Care
		V J. D. C. J. HOTHOSON Required.
PATRO	VI, R	eview and Approval of Activities by Dean and Others as Required.
Dea	n/Director/\ approval nee	VP Signature eded) Date
•		, -
	ditional Rev enatures)	iews Date
(318)	5114141103)	Date

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	passarotti
First Name:	alessandra
Title / Rank:	assistant professor
College:	medicine
Dept. / Unit:	psychiatry
Appointment	100%
University Con 9 months/	tract Period ¹ 10 months/\(\sime\)12 months/\(\sime\)Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes* ⋈ no
2. Do you or does any member of your family ² have a managerial role or a significant ³
financial relationship with a company that does business with the University or with a
company in a field of your research? yes* \(\sigma\) no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or
other faculty or staff?
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* no
*Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

	Do you have an	2007-2008	2008-2009
	-	Aug.16 - Aug.15	Aug.16 - Aug.15
	company / organization?	Retrospective	Prospective
	(If so, please explain in	Days Spent During	Days to be Spent in
company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
	For whom (e.g., company/ organization)	ownership interest in this company / organization? For whom (e.g., (If so, please explain in	ownership interest in this company / organization? For whom (e.g., (If so, please explain in Days Spent During

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature Atomorphic To

Date 1003/200

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

Universify Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

⁴ The University Policy on Conflicts of Commitment and Interest is available at: http://www.vpaa.uillinois.edu/policies/conflict_toc.asp

Administrative Review and Approval, UIC RNUA 2008-2009

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

PARTIV. Conduct of Interest/Commitment Review (Please attach a copy of any referenced explanations).
the activity reported and to the Dest Ut My Knownedge and to the Dest Ut My Knownedge
No conflict of interest or commitment exists.
A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Please complete if question 3 on page 1 of the form is answered affirmatively: As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.
Agree
Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
Secured explanation.
PART V. Approval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospective Activities (2007-2008) No retrospective activities are reported or all retrospective activities are approved.
Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospective Activities (2008-2009)
No prospective activities are reported or all prospective activities are approved.
Some or all declared prospective activities are not approved. [If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
rest and complete te the best of my knowledge.
The above information is confect and complete Date 10508
Unit Head Signature Unit Head Signature
V Description of the sage Reconnection and t
PART VI. Review and Approval of Activities by Dean and Others as Required.
Dean/Director/VP Signature Date Date
Additional Reviews Date Date
(Signatures) Date

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

,	DD 11/4 12/2
Last Name: 7	PAVKOVIC
First Name:	IVAN
Title / Rank: A	SOCIDIE CLIN. PROF.
College:	MEDICINE
Dept. / Unit:	DYCHIATRY
Appointment 20	
University Contrac 9 months/10	months/\overline{\times12 months/\overline{\times Summer}

PART I. Conflict of Interest Screening	
Please attach an explanatory statement for all "yes" response	es.
1. Do you have a consulting or other financial	
relationship with a sponsor of your research? yes* [× no
2. Do you or does any member of your family ²	
have a managerial role or a significant ³	
financial relationship with a company that	
does business with the University or with a	
company in a field of your research? yes*	X no
3. Do you have non-University professional	
activities or income producing activities	
involving University of Illinois students, or	
	× no
4. Do you or does any member of your immediate	
family have any other relationships,	
commitments, or activities that might present or	
appear to present a conflict of interest or	
commitment with your University of Illinois	
appointment? Such relationships may include	
financial or fiduciary interests or uncompensated activities. Report these whether	
or not you believe the conflict is manageable. yes*	× no
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"	
responses to the questions above. Lists in Part II do NOT	
suffice as explanation.	

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do <u>not</u> include amounts of compensation.

2005 2000

- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

			Do you have an	2007-2008	2008-2009
			ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
	Nature of your activities		company / organization?	Retrospective	Prospective
	(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
1	examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
Ì					
-					
L					

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature (

mar taller

10.23.08

Please submit to your unit head for administrative review and approval.

1 Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

Administrative Review and Approval, UIC RNUA 2008-2009
(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

DADT	VV. Cor	flict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A.	Based on the	activity reported and to the best of my knowledge and in my judgment:
	42	No conflict of interest or commitment exists.
		A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
		A conflict of interest or commitment may exist that warrants further review. <u>If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)</u>
В.	مانسم سياسي ٨	lete if question 3 on page 1 of the form is answered affirmatively: ed by the academic staff member, the involvement of University of Illinois students, faculty f in his/her non-University activities does not appear to be detrimental to those individuals.
		Agree
		Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
DAD'	Γ.V. Δnn	roval of Activities (Please attach a copy of any referenced explanation.)
A.	Retrospectiv	e Activities (2007-2008)
	K	No retrospective activities are reported or all retrospective activities are approved.
		Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В.	Prospective	Activities (2008-2009)
	A	No prospective activities are reported or all prospective activities are approved.
		Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
T	he above infor	mation is correct and complete to the best of my knowledge.
	Init Head Signa	100111 111 010 11 Data 10/24/08
PAR	TVI. R	eview and Approval of Activities by Dean and Others as Required.
	Dean/Director/\ If approval nee	
	Additional Rev Signatures)	iews Date
		Date

Carlo American

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Pavuluri	
First Name:	Mani	
Title / Rank:	Associate Professor	
College:	UIC	
Dept. / Unit:	Psychiatry	
Appointment	<u>100</u> %	
University Contract Period¹ ☐9 months/☐10 months/☐12 months/☐Summer		

DADTI Conflict of Interest Severning
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial
relationship with a sponsor of your research? yes* no
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research? ☐ yes* ☒ no
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff? ☐ yes* ☒ no
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* no
*Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do <u>not</u> include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

		Do you have an	2007-2008	2008-2009	
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15	
Nature of your activities		company / organization?	Retrospective	Prospective	
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in	
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period	
X	X	X	X	X	
					-
					l
					l

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. <u>If significant changes in activities occur during the year, this form must be updated.</u>

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

D

Bd-1-08

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

² University Policy defines "Family" as one's spouse and children.

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Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

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Administrative Review and Approval, UIC RNUA 2008-2009

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or ma stroy verse	To the second of
PARHETY CO	milief of Interest Commitment Review (Please attacher copy of any referenced explanation.)
A. Based on the	e activity reported and to the best of my knowledge and in my judgment:
	No conflict of interest or commitment exists.
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Please com As descri and/or sta	plete if question 3 on page 1 of the form is answered affirmatively: bed by the academic staff member, the involvement of University of Illinois students, faculty aff in his/her non-University activities does not appear to be detrimental to those individuals.
	Agree
	Disagree <u>If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)</u>
PART V. Ap	proval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospect	ive Activities (2007-2008)
	No retrospective activities are reported or all retrospective activities are approved.
	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospectiv	ve Activities (<u>2008-2009</u>)
	No prospective activities are reported or all prospective activities are approved.
	ı
نــا	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
	formation is correct and complete to the best of my knowledge.
The above in	(A)
Unit Head Sig	gnature (4) luy War N Date 10/2/00
	Review and Approval of Activities by Deamand Others as Required.
Dean/Directo (If approval 1	or/VP Signature Date
` • •	
Additional R (Signatures)	
(Signatures)	Deta
	Date

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Pinna
First Name:	Graziano
Title / Rank:	Res. Asst Professor
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	<u>100</u> %
University Co	ntract Period ¹]10 months/ X 12 months/ _ Summe

_	PART I. Conflict of Interest Screening
_	Please attach an explanatory statement for all "yes" responses.
L	1. Do you have a consulting or other financial relationship with a sponsor of your research? yes* 🗵 no
	2. Do you or does any member of your family ² have a managerial role or a significant ³ financial relationship with a company that does business with the University or with a company in a field of your research?
1	3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff?
	4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. *Please list and explain in an attached statement any "yes"
	responses to the questions above. Lists in Part II ao NOI
	suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 Retrospective Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 Prospective Days to be Spent in Current Reporting Period
NA		, family seconds, in approximately approxima		

X I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation	A. Atha above information
	y on Conflicts of Commitment and Interest ⁴ and the above information
true to the best of my knowledge. A significant	changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval. Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

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PART	ily Coi	rflict of Interest/Commitment Review (Please attach accopy of any referenced explanations).
A.		activity reported and to the best of my knowledge and in my judgment:
		No conflict of interest or commitment exists.
		A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
		A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В.		plete if question 3 on page 1 of the form is answered affirmatively: sed by the academic staff member, the involvement of University of Illinois students, faculty of in his/her non-University activities does not appear to be detrimental to those individuals.
		Agree
		Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President,)
100 AND 100 AN		proval of Activities (Please attach a copy of any referenced explanation.)
PARI	Patrospection	ve Activities (2007-2008)
A.	Reitospectiv	No retrospective activities are reported or all retrospective activities are approved.
		*
		Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В.	Prospective	Activities (<u>2008-2009</u>)
		No prospective activities are reported or all prospective activities are approved.
		Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
Tł	he above info	rmation is correct and complete to the best of my knowledge.
		(1) 011 1 / a se d
Ŭ	nit Head Sign	nature 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
EAVE	gevije ir	eview and Approval of Activities by Dean and Others as Required.
	Dean/Director/ If approval ne	VP Signature Date
	Additional Rev Signatures)	views Date
		Date

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Pirec
First Name:	VESNA
Title / Rank:	ASSIST. PROFESSOR
College:	MEDIUNE
Dept. / Unit:	psychiatry
Appointment _2	# {/
University Con	

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial
relationship with a sponsor of your research? yes* 💆 no
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* I no
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff? yes* pno
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* [8] no
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

ĺ	,		Do you have an	2007-2008	2008-2009
l			ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
	Nature of your activities		company / organization?	Retrospective	Prospective
-	(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
	examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
			A		
		1	1		

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval. 1 Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

Administrative Review and Approval, UIC RNUA 2008-2009
(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

PART IV. Co	onflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
	ne activity reported and to the best of my knowledge and in my judgment:
W.	No conflict of interest or commitment exists.
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
As descri	plete if question 3 on page 1 of the form is answered affirmatively: bed by the academic staff member, the involvement of University of Illinois students, faculty aff in his/her non-University activities does not appear to be detrimental to those individuals.
	Agree
	Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PARTY AN	proval of Activities (pt
A. Retrospecti	proval of Activities (Please attach a copy of any referenced explanation.) ive Activities (2007-2008)
M	No retrospective activities are reported or all retrospective activities are approved.
Ö	Some or all retrospective activities are not approved.
•	If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospective	e Activities (<u>2008-2009</u>)
X	No prospective activities are reported or all prospective activities are approved.
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above infor	rmation is correct and complete to the best of my knowledge.
Unit Head Sign	ature (1) 11 Date 10 (1 0 8
PART VI. Re	eview and Approval of Activities by Dean and Others as Required.
Dean/Director/V	VP Signature
(If approval nee	
Additional Revi	
(Signatures)	Date
	Date

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Pournajafi-Nazarloo
First Name:	Hossein
Title / Rank:	Research Assistant Professor
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	<u>100</u> %
University Cor	ntract Period ¹]10 months/⊠12 months/∭Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
 Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes* ☒ no
2. Do you or does any member of your family have a managerial role or a significant financial relationship with a company that does business with the University or with a company in a field of your research?
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? yes* ⋈ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include
financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. yes* yes* not yes whether is manageable yes* yes*
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do <u>not</u> include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

Aug.16 - Aug.15
Prospective
Days to be Spent in
Current Reporting Period

☑ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval-

Date 09, 30.0 8

1 Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

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PAREE NEE	onflict of Interest/Commitment Review (Please attaches copy of any referenced explanations)?
A. Based on	the activity reported and to the best of my knowledge and in my judgment:
	No conflict of interest or commitment exists.
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	omplete if question 3 on page 1 of the form is answered affirmatively: cribed by the academic staff member, the involvement of University of Illinois students, faculty staff in his/her non-University activities does not appear to be detrimental to those individuals.
	Agree
	Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PART V. A	Approval of Activities (Please attach a copy of any referenced explanation.)
A. Retrosp	ective Activities (2007-2008) No retrospective activities are reported or all retrospective activities are approved.
X	
	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospec	etive Activities (2008-2009)
	No prospective activities are reported or all prospective activities are approved.
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
The above i	information is correct and complete to the best of my knowledge.
	(1) 011 11 / 2 10 M Date 10/5/08
Unit Head S	Signature 91 VALLOCES
	Review and Approval of Activities by Dean and Others as Required.
	Service of the servic
Dean/Direc (If approva	ctor/VP Signature Date
Additional (Signature	Date.
(Digitaturo.	Date

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Prensky
First Name:	Eric
Title / Rank:	Asst Prof of Clinical Psychology
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	<u>100</u> %
University Con	ntract Period¹]10 months/⊠12 months/⊡Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial
relationship with a sponsor of your research? yes* you
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* 🗵 no
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff?
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* no
*Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
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- * Do <u>not</u> include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

2008-2009 2007-2008 Do you have an Aug.16 - Aug.15 Aug.16 - Aug.15 ownership interest in this Prospective Retrospective company / organization? Nature of your activities (If so, please explain in Days to be Spent in Days Spent During (see instructions for For whom (e.g., an attached statement.) this Reporting Period Current Reporting Period company/ organization) examples)

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

En her PW

Date 9/19/08

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

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Administrative Review and Approval, UIC RNUA 2008-2009

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er reel	Van Geetti	flict of interest/Commitment Review (Please affacts a copy of any referenced explanation)
А. Ва	sed on the	activity reported and to the best of my knowledge and in my judgment:
`	The same	No conflict of interest or commitment exists.
	-	A conflict of interest or commitment may exist, but is being <u>monitored by the department.</u> If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
		A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Pl A aı	lease compl as describe nd/or staf	lete if question 3 on page 1 of the form is answered affirmatively: ed by the academic staff member, the involvement of University of Illinois students, faculty fin his/her non-University activities does not appear to be detrimental to those individuals.
		Agree
		Disagree <u>If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)</u>
		(Second exploration)
PART \	V. App	roval of Activities (Please attach a copy of any referenced explanation:)
A. R	Retrospectiv	No retrospective activities are reported or all retrospective activities are approved.
	X	
		Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В. І	Prospective	Activities (2008-2009)
	M	No prospective activities are reported or all prospective activities are approved.
		Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The	above infor	mation is correct and complete to the best of my knowledge.
1110	400 ve mio.	ature 10/5/08
Unit	t Head Sign	ature (4) LULLY AV OC 190
		V The Bood and Otherses Rennied
PATRAL	VI K	eview and Approval of Activities by Dean and Others as Required.
Dea (If a	nn/Director/ approval ne	VP Signature Date
	ditional Rev	
(5.2)	,	Date

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Qu	
First Name:	Tingyu	
Title / Rank:	Research Assistant Professor	
College:	Medicine	
Dept. / Unit:	Psychiatry	
Appointment	<u>100</u> %	
University Contract Period ¹ 9 months/ 10 months/ 12 months/ Summer		

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes* ☒ no
2. Do you or does any member of your family ² have a managerial role or a significant ³
financial relationship with a company that does business with the University or with a
company in a field of your research? yes* × no
3. Do you have non-University professional activities or income producing activities
involving University of Illinois students, or other faculty or staff? □ yes* 区 no
4. Do you or does any member of your immediate
family have any other relationships, commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* X no
*Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do not need to complete this section.
 - Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 Retrospective Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 Prospective Days to be Spent in Current Reporting Period
O. College Col				

X I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

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Administrative Review and Approval, UIC RNUA 2008-2009

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,	on Click of Interest/Commitment Review (Please antach acopy of any referenced explanation)
PARILIVEC	nne incle of Incleres (Commenteric Review Comments) he activity reported and to the best of my knowledge and in my judgment:
A. Based on t	No conflict of interest or commitment exists.
	1 lough a department
	If so, please attach an explanation and forward to the next dammer and the second
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Please co As descr and/or s	mplete if question 3 on page 1 of the form is answered affirmatively: ribed by the academic staff member, the involvement of University of Illinois students, faculty taff in his/her non-University activities does not appear to be detrimental to those individuals.
	Agree
	Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	Sany valerenced explanation.)
PART V. A	pproval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospe	ctive Activities (2007-2008) No retrospective activities are reported or all retrospective activities are approved.
W.	
	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospec	tive Activities (2008-2009)
_	No prospective activities are reported or all prospective activities are approved.
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above i	nformation is correct and complete to the best of my knowledge.
	Date [U] S O
Unit Head S	
	Review and Approval of Activities by Dean and Others as Required.
	aktoritevadoriska organización i sa
Dean/Direc (If approva	tor/VP Signature Date
Additional (Signatures	Reviews Date
(Signature:	Date

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Reilly
First Name:	James L
Title / Rank:	Assistant Professor
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	<u>100</u> %
University Cor	ntract Period ¹]10 months/ X 12 months/ _Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
Do you have a consulting or other financial
relationship with a sponsor of your research? yes* x no
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* 🗵 no
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff?
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* x no
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

		Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	Prospective
(see instructions for	For whom (e.g.,	(1f so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period

X I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature fund to Reserve Please submit to your unit head for administrative review and approval.

Date 9/23/08

¹ Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

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		flict of Interest Commutment Review (Please at a department referenced explanations)
A.	Based on the	activity reported and to the best of my knowledge and in my judgment:
	TA	No conflict of interest or commitment exists.
		A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
		A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В.		lete if question 3 on page 1 of the form is answered affirmatively: ed by the academic staff member, the involvement of University of Illinois students, faculty in his/her non-University activities does not appear to be detrimental to those individuals.
		Agree
		Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
		Fioval of Activities (Please attach a copy of any referenced explanation.)
PARI	Petrospectiv	ve Activities (2007-2008)
A.	Kettospeeti	No retrospective activities are reported or all retrospective activities are approved.
		Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B.	Prospective	Activities (<u>2008-2009</u>)
		No prospective activities are reported or all prospective activities are approved.
		Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
าาเ	- ahoua info	rmation is correct and complete to the best of my knowledge.
		(-1) 0 (1) / a se M Date (0) \$ 108
U	nit Head Sigr	nature 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		eview and Approval of Activities by Dean and Others as Required.
D (I	ean/Director/ fapproval ne	VVP Signature Date
	Additional Rev Signatures)	views Date
·		Date

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: 1CHMAN
First Name: JVD 17H
0
Title/Rank: Trofessok
· An I
College: Medicine
Dept. / Unit: / Sychiatry
1)/01/100/
Appointment / 1/2 %
University Contract Period ¹ 9 months/ 10 months/ 12 months/ Summe

DADEL Conflict of Interest Corponing
PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial
relationship with a sponsor of your research? yes* no
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research?
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
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4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* no
*Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
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PART II. Listing of Non-University Income Producing Activities

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- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 Retrospective Days Spent During this Reporting Period	Aug. 16 - Aug. 15 Prospective Days to be Spent in Current Reporting Period
· · · · · · · · · · · · · · · · · · ·	I HAVE NO ACTIV	ITIES THAT I AM RI	EQUIRED TO REP	ORT

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PART		ATTI	СПІЯ	
IAIL	1.1.1.	LYTTE	ILLE	VE WAA

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval. Check all that apply. The University contract period iscludes evenings, weekends and holidays during the term of employment

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PART IV. Co	inflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)					
A. Based on th	e activity reported and to the best of my knowledge and in my judgment:					
	No conflict of interest or commitment exists.					
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)					
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)					
A c decori	plete if question 3 on page 1 of the form is answered affirmatively: bed by the academic staff member, the involvement of University of Illinois students, faculty aff in his/her non-University activities does not appear to be detrimental to those individuals.					
	Agree					
	Disagree <u>If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)</u>					
PART V. Ap	proval of Activities (Please attach a copy of any referenced explanation.)					
A. Retrospect	ive Activities (2007-2008)					
	No retrospective activities are reported or all retrospective activities are approved.					
	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)					
B. Prospectiv	e Activities (<u>2008-2009</u>)					
A	No prospective activities are reported or all prospective activities are approved.					
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)					
The above info	ormation is correct and complete to the best of my knowledge.					
Unit Head Sign	Call Original March 19110 8					
PARTVI. R	eview and Approval of Activities by Dean and Others as Required.					
Dean/Director (If approval ne						
Additional Re (Signatures)	views Date					
	Date					

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Rospenda
First Name:	Kathleen
Title / Rank:	Associate Professor of Psychology
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	<u>100</u> %
University Con	ntract Period¹]10 months/⊠12 months/∏Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial
relationship with a sponsor of your research? yes* no
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* 🔀 no
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff? yes* no
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether or not you believe the conflict is manageable. yes* \(\sum \) no
Of Hot Journal of the Control of the
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

nours equals one day, regar	diess of time of day of day		T - 0.0 - 0.0 0	2000 2000
		Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	<u>Prospective</u>
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
examples)	company organization			

☐ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

¹ Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

Administrative Review and Approval, UIC RNUA 2008-2009
(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

PART IV. Con	flict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)				
A. Based on the a	activity reported and to the best of my knowledge and in my judgment:				
\	No conflict of interest or commitment exists.				
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)				
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)				
A a dogariha	ete if question 3 on page 1 of the form is answered affirmatively: ed by the academic staff member, the involvement of University of Illinois students, faculty in his/her non-University activities does not appear to be detrimental to those individuals.				
	Agree				
	Disagree <u>If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President</u> .)				
	Consequenced amplementary)				
PART V. App	royal of Activities (Please attach a copy of any referenced explanation.) e Activities (2007-2008)				
	No retrospective activities are reported or all retrospective activities are approved.				
					
	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)				
B. Prospective	Activities (<u>2008-2009</u>)				
	No prospective activities are reported or all prospective activities are approved.				
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)				
The above inform	nation is correct and complete to the best of my knowledge.				
Unit Head Signa	ture Glumman Date TOLLOR				
PART VI. Re	view and Approval of Activities by Dean and Others as Required.				
Dean/Director/V (If approval need					
Additional Reviews (Signatures)	ews Date				
	Date				

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Rosen
First Name:	Cherise
Title / Rank:	Assistant Professor
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	<u>100</u> %
University Cor	ntract Period¹]10 months/⊠12 months/⊡Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? yes* x no
2. Do you or does any member of your family ² have a managerial role or a significant ³ financial relationship with a company that does business with the University or with a company in a field of your research?
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff?
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ves* x no
*Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

hours equals one day, regar	rdless of time of day of day	Do you hove on	2007-2008	2008-2009
Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	Aug.16 - Aug.15 Retrospective Days Spent During this Reporting Period	Aug.16 - Aug.15 Prospective Days to be Spent in Current Reporting Period

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III.	Affirmation		
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I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this farm must be updated.

Academic Staff Member's Signature Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment. University Policy defines "Family" as one's spouse and children.

³ Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who eam more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Salt
First Name:	Jeff
Title / Rank:	Asst Prf
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	100%
University Con	tract Period ¹ 10 months/[5] 12 months/[_]Summer

PART I. Conflict of Interest Screening				
Please attach an explanatory statement for all "yes" responses.				
1. Do you have a consulting or other financial				
relationship with a sponsor of your research? yes* 🗵 no				
2. Do you or does any member of your family ²				
have a managerial role or a significant ³				
financial relationship with a company that				
does business with the University or with a				
company in a field of your research? yes' [x] no				
3. Do you have non-University professional				
activities or income producing activities				
involving University of Illinois students, or				
other faculty or staff? □ yes* 🖾 no				
4. Do you or does any member of your immediate				
family have any other relationships,				
commitments, or activities that might present or				
appear to present a conflict of interest or				
commitment with your University of Illinois				
appointment? Such relationships may include				
financial or fiduciary interests or				
uncompensated activities. Report these whether				
or not you believe the conflict is manageable. yes fill no				
*Please list and explain in an attached statement any "yes"				
responses to the questions above. Lists in Part II do NOT				
suffice as explanation.				

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PART II. Listing of Mon-University Income Producing Activities

- * If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

		Do you have an	2007-2008	[2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	Prospective
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	cor pany/ organization)	an attached statement.)	this Reporting Period_	Current Reporting Period
		1	; ;	
	<u> </u>	<u> </u>	1	<u> </u>

PART III. Aftirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

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Check all that apply. The University contract period includes evenings, weekends and helidays during the term of employment.

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Federal research regulations define "aignificant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177.412 as of July 1, 2008.)

TARIEN CO	nelict of interest Commitment Review (Please attach a copy of any reference texplanation) is				
A. Based on th	e activity reported and to the best of my knowledge and in my judgment.				
	No conflict of interest or commitment exists.				
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)				
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)				
B. Please com As descri and/or st	uplete if question 3 on page 1 of the form is answered affirmatively: ibed by the academic staff member, the involvement of University of Illinois students, faculty aff in his/her non-University activities does not appear to be detrimental to those individuals.				
	Agree				
	Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)				
PART V. Aj	oproval of Activities (Please attach a copy of any referenced explanation.)				
A. Retrospec	tive Activities (2007-2008) No retrospective activities are reported or all retrospective activities are approved.				
Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)					
B. Prospecti	ve Activities (<u>2008-2009</u>)				
14	No prospective activities are reported or all prospective activities are approved.				
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)				
mi share in	Severation is correct and complete to the best of my knowledge.				
	Date (0) 5106				
Unit Head Si	gnature Strategies and the strategies are strategies and the strategies and the strategies and the strategies are strategies and the strategies and the strategies are strategies				
adwednadaya Car	Review and Approval of Activities by Dean and Others as Required.				
1.00					
Dean/Direct (If approval	or/VP Signature Date				
Additional I (Signatures)					
(DIBITATION)	Date				

University of Illinois at Chicago Academic Staff 2008-2009 Report of

Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	sawa
First Name:	marcia
Title / Rank:	asst professor
College:	medicine
Dept. / Unit:	Dept of Psychiatry
Appointment	<u>100</u> %
University Con	ntract Period ¹]10 months/区12 months/ Summe

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial
relationship with a sponsor of your research? \[\] yes* \[\] no
2. Do you or does any member of your family
have a managerial role or a significant
financial relationship with a company that
does business with the University or with a
company in a field of your research?
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff?
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* yes* no
*Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do not need to complete this section.
- Report total number of days, where an accumulation of eight
- * Do not include amounts of compensation. * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

hours equals one day, regardless of time of day or day of week. 2007-2008 Do you have an ownership interest in this

Aug.16 - Aug.15 Aug.16 - Aug.15 **Prospective** Retrospective company / organization? Nature of your activities Days to be Spent in Days Spent During (If so, please explain in For whom (e.g., (see instructions for Current Reporting Period this Reporting Period an attached statement.) company/ organization) examples)

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

2008-2009

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

irakseikyei(co	milliet of Interest/Commitment Review (Please attach a copy of any referenced explanation)?
A. Based on th	ne activity reported and to the best of my knowledge and in my judgment:
	No conflict of interest or commitment exists.
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	inplete if question 3 on page 1 of the form is answered affirmatively: ibed by the academic staff member, the involvement of University of Illinois students, faculty aff in his/her non-University activities does not appear to be detrimental to those individuals.
	Agree
	Disagree <u>If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)</u>
PART V. A	oproval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospec	tive Activities (2007-2008)
	No retrospective activities are reported or all retrospective activities are approved.
	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospectiv	ve Activities (<u>2008-2009</u>)
	No prospective activities are reported or all prospective activities are approved.
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
_, , , ,	formation is correct and complete to the best of my knowledge.
The above inf	
Unit Head Sig	gnature (4) Date 10/5/08
	Review and Approval of Activities by Dean-and Others as Required.
death and e	KAN (ANEXIII IN A DECARATION OF THE STATE OF
Dean/Directo (If approval r	needed) Date
Additional Ro	
	Date

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Schmid			
First Name:	Sabine			
Title / Rank:	Assistant Professor			
College:	Medicine			
Dept. / Unit:	Psychiatry			
Appointment	100%			
University Contract Period¹				

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? yes* X no
2. Do you or does any member of your family have a managerial role or a significant financial relationship with a company that does business with the University or with a company in a field of your research?
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes* ⋈ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes* ⋈ no
*Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do not need to complete this section. * Report total number of days, where an accumulation of eight
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

hours equals one day, regardless of time of day or day of week. 2007-2008 2008-2009 Do you have an Aug.16 - Aug.15 ownership interest in this Aug.16 - Aug.15 Prospective Retrospective company / organization? Nature of your activities Days to be Spent in Days Spent During (If so, please explain in For whom (e.g., (see instructions for Current Reporting Period this Reporting Period an attached statement.) company/ organization) examples) n/a

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature Please submit to your unit head for administrative review and approval.

¹ Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

PART IV	The second secon	ct of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
		vity reported and to the best of my knowledge and in my judgment:
	No.	conflict of interest or commitment exists.
		onflict of interest or commitment may exist, but is being <u>monitored by the department.</u> o, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
		onflict of interest or commitment may exist that warrants further review. o, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
As	described l	if question 3 on page 1 of the form is answered affirmatively: by the academic staff member, the involvement of University of Illinois students, faculty his/her non-University activities does not appear to be detrimental to those individuals.
	Ag	ree
		agree o, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
D / D / D / T		
		val of Activities (Please attach a copy of any referenced explanation.)
A. Ru	$\sim i$	retrospective activities are reported or all retrospective activities are approved.
	<u>. </u>	ne or all retrospective activities are not approved.
		o, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Pro	spective Acti	vities (2008-2009)
`	No No	prospective activities are reported or all prospective activities are approved.
		ne or all declared prospective activities are not approved. of please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The abo	ove information	on is cornect and complete to the best of my knowledge.
Unit He	ead Signature	Chemistra Date 10/15/08
PART V	I. Revie	w and Approval of Activities by Dean and Others as Required.
	Pirector/VP Si oval needed)	gnature Date
Additio (Signati	onal Reviews ures)	Date
		Date

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REOUEST FOR PRIOR **APPROVAL**

Last Name:	Schrift
First Name:	Michael
Title / Rank:	
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	100%
University Cor	ntract Period ¹]10 months/12 months/Summer

SUBSET OF STATE CONCENTING
PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial
relationship with a sponsor of your research? yes* no
2. Do you or does any member of your family ²
have a managerial role or a significant?
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* no
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff?
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* no
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
 - Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.

1 2007 2009

* Do not report "various" when reporting retrospective activity.

2008-2009

* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	ownership interest in this company / organization? (If so, please explain in an attached statement.)	Aug.16 - Aug.15 Retrospective Days Spent During this Reporting Period	Aug.16 - Aug.15 Prospective Days to be Spent in Current Reporting Period
		The second secon	TOTUDED TO DED	OPT

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

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Acres 1815	Same of the	The second second	de la	4 . 60 60		100	
	100			A		OTT.	ON
1	E - 14			ZA 1.1			
		A STATE OF THE REAL PROPERTY.				C. UA	U

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. Asignificant chapges in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

¹ Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

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PART	'IV. Co	nflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
Α.	Based on the	e activity reported and to the best of my knowledge and in my judgment:
	VZ.	No conflict of interest or commitment exists.
		A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
		A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В.	An degerit	plete if question 3 on page 1 of the form is answered affirmatively: bed by the academic staff member, the involvement of University of Illinois students, faculty ff in his/her non-University activities does not appear to be detrimental to those individuals.
		Agree
		Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PAR	Г V. Арј	proval of Activities (Please attach a copy of any referenced explanation.)
A.	Retrospecti	ve Activities (2007-2008)
	$ ot\!\! igorplus$	No retrospective activities are reported or all retrospective activities are approved.
		Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President,
В.	Prospective	e Activities (<u>2008-2009</u>)
	A	No prospective activities are reported or all prospective activities are approved.
		Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
T	he above info	ermation is correct and complete to the best of my knowledge.
U	nit Head Sign	nature (I) luy lu W Date 10 1108
PAR	TVI. R	eview and Approval of Activities by Dean and Others as Required.
	Dean/Director/ If approval ne	VP Signature Date
_	Additional Rev Signatures)	views Date
		Date

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Scott
First Name:	Nelda
Title / Rank:	Assistant Prof Clinic Psychiatry
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	<u>68</u> %
University Col	ntract Period ¹]10 months/⊠12 months/[[Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes* ☒ no
2. Do you or does any member of your family have a managerial role or a significant a
financial relationship with a company that does business with the University or with a
company in a field of your research? yes* 🗵 no
3. Do you have non-University professional activities or income producing activities
involving University of Illinois students, or other faculty or staff?
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois
appointment? Such relationships may include financial or fiduciary interests or
uncompensated activities. Report these whether or not you believe the conflict is manageable. yes* × no
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

2008-2009 2007-2008 Do you have an Aug.16 - Aug.15 Aug.16 - Aug.15 ownership interest in this Prospective company / organization? Retrospective Nature of your activities Days to be Spent in Days Spent During (If so, please explain in For whom (e.g., (see instructions for Current Reporting Period an attached statement.) this Reporting Period company/ organization) examples)

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature _

Melda Scott

Date ___

9/22/08

Please submit to your unit head for administrative review and approval.

² University Policy defines "Family" as one's spouse and children.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

Federal research regulations define "significant" as financial interests exceeding \$10.000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor (Governor's salary \$177.412 as of July 1, 2008.)

PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)	
A. Based on the activity reported and to the best of my knowledge and in my judgment:	
No conflict of interest or commitment exists.	
A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President).)
A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President).)
B. Please complete if question 3 on page 1 of the form is answered affirmatively: As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.	
Agree	
Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)	.)
PART V. Approval of Activities (Please attach a copy of any referenced explanation.)	
A. Retrospective Activities (2007-2008)	
No retrospective activities are reported or all retrospective activities are approved.	
Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President	<u>t.)</u>
B. Prospective Activities (2008-2009)	
No prospective activities are reported or all prospective activities are approved.	
Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)	.)
The above information is correct and complete to the best of my knowledge.	
Unit Head Signature (U) UUU WUW Date /b/1/08	
PART VI. Review and Approval of Activities by Dean and Others as Required.	
Dean/Director/VP Signature (If approval needed) Date	
Additional Reviews (Signatures) Date	
Date	

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Sharma
First Name:	Rajiv
Title / Rank:	Professor
College:	College of Medicine
Dept. / Unit:	Psychiatry .
Appointment	<u>100</u> %
University Cor	ntract Period¹]10 months/⊠12 months/⊡Summer
Appointment University Cor	100% ntract Period ¹

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial
relationship with a sponsor of your research? yes* x no
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* 🔀 no
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff?
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* X no
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 Retrospective Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 Prospective Days to be Spent in Current Reporting Period
e.compreey				

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

PART IV: Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation).
A. Based on the activity reported and to the best of my knowledge and in my judgment.
No conflict of interest or commitment exists.
A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Please complete if question 3 on page 1 of the form is answered affirmatively: As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.
Agree
Disagrec If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
(frequency and applicable)
PART V. Approval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospective Activities (2007-2008) No retrospective activities are reported or all retrospective activities are approved.
Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospective Activities (2008-2009)
No prospective activities are reported or all prospective activities are approved.
Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above information is correct and complete to the best of my knowledge.
(1) 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Unit Head Signature (9) UUU W Date To The
PART VI. Review and Approval of Activities by Dean and Others as Required.
Dean/Director/VP Signature Date
Additional Reviews Date
Date

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Connolly
First Name:	Sucheta Associate Professor of Clinical
Title / Rank:	Psychiatry
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	100%
University Con 9 months/	tract Period ¹]10 months/\(\summa\)12 months/\(\summer\)

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes* ☒ no
2. Do you or does any member of your family ² have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a company in a field of your research? yes* \infty no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or
other faculty or staff? yes* \(\sigma\) no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or
commitment with your University of Illinois appointment? Such relationships may include
financial or fiduciary interests or uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* \(\) no
*Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

1 7, 0		Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	<u>Prospective</u>
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
	<u></u>	J	<u> </u>	1,

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature Please submit to your unit head for administrative review and approve

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.
Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A. Based on the activity reported and to the best of my knowledge and in my judgment:
No conflict of interest or commitment exists.
A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
B. Please complete if question 3 on page 1 of the form is answered affirmatively: As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.
Agree
Disagree <u>If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President</u>
PART V. Approval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospective Activities (2007-2008)
No retrospective activities are reported or all retrospective activities are approved.
Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice Preside
B. Prospective Activities (2008-2009)
No prospective activities are reported or all prospective activities are approved.
Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
The above information is correct and complete to the best of my knowledge.
Unit Head Signature CHUMWW Date 10[1/08
PART VI. Review and Approval of Activities by Dean and Others as Required.
Dean/Director/VP Signature (If approval needed) Date
Additional Reviews (Signatures) Date
Date

University of Illinois at Chicago Academic Staff 2008-2009 Report of

Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Danis
First Name:	Barbara
Title / Rank:	Assistant Professor
College:	Medicine
Dept. / Unit:	Psychiatry IJR
Appointment	<u>80</u> %
University Con	ntract Period ¹]10 months/×12 months/ Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial
relationship with a sponsor of your research? yes* in no
2. Do you or does any member of your family ²
have a managerial role or a significant'
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* x no
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff? yes* no
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* x no
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- Do not include amounts of compensation.

- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

nours equals one day, rega	rdiess of time of day of day	Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
N		company / organization?	Retrospective	Prospective
Nature of your activities (see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
examples)	Company/ organization/			
			<u> </u>	<u></u>

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

- 1 Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.
- University Policy defines "Family" as one's spouse and children.
- Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

PART	IV. Co	nflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A.	Based on the	activity reported and to the best of my knowledge and in my judgment:
	V	No conflict of interest or commitment exists.
		A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
		A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В.	As describ	polete if question 3 on page 1 of the form is answered affirmatively: bed by the academic staff member, the involvement of University of Illinois students, faculty ff in his/her non-University activities does not appear to be detrimental to those individuals.
		Agree
		Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PART	ΓV Δη	proval of Activities (Please attach a copy of any referenced explanation.)
A.	Retrospectiv	ve Activities (<u>2007-2008)</u>
	À	No retrospective activities are reported or all retrospective activities are approved.
		Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B.	Prospective	Activities (2008-2009)
	X	No prospective activities are reported or all prospective activities are approved.
		Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
Th	ne above infor	mation is correct and complete to the best of my knowledge.
Uı	nit Head Sign	ature Date
PAR	FVIE R	eview and Approval of Activities by Dean and Others as Required:
	ean/Director/ f approval nee	VP Signature eded) Date
	dditional Rev Signatures)	iews Date
		Date

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Davidson
First Name:	Christine
Title / Rank:	Assoc Prof Clinical Psychology
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	100%
University Cor	ntract Period ¹]10 months/X12 months/ Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes* ☒ no
2. Do you or does any member of your family ² have a managerial role or a significant ³ financial relationship with a company that does business with the University or with a company in a field of your research? yes* xi no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? yes* ▼ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. *Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do not need to complete this section.
- Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do <u>not</u> include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

		Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	Prospective
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
		3		
		<u> </u>		<u> </u>

☐ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature Chishi V. Davidous Date 9/29/08

Please submit to your unit head for administrative review and approval.

1 Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

² University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor (Governor's salary \$177,412 as of July 1, 2008.)

PART	TIV. Co	nflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A.	Based on the	e activity reported and to the best of my knowledge and in my judgment:
	OZ	No conflict of interest or commitment exists.
		A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
		A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В.	As describ	plete if question 3 on page 1 of the form is answered affirmatively: oed by the academic staff member, the involvement of University of Illinois students, faculty off in his/her non-University activities does not appear to be detrimental to those individuals.
		Agree
		Disagree <u>If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.</u>
PAR	ΓV. Ap	proval of Activities (Please attach a copy of any referenced explanation.)
		ve Activities (<u>2007-2008)</u>
	X	No retrospective activities are reported or all retrospective activities are approved.
		Some or all retrospective activities are not approved. <u>If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President</u>)
В.	Prospective	e Activities (2008-2009)
		No prospective activities are reported or all prospective activities are approved.
		Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President,
Tl	he above info	rmation is correct and complete to the best of my knowledge.
	nit Head Sign	
PAR	TVI. R	eview and Approval of Activities by Dean and Others as Required.
	ean/Director/ f approval ne	VP Signature eded) Date
	dditional Rev Signatures)	views Date
		Date

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Davidson
First Name:	Ronald
Title / Rank:	Asst Prof Clinical Psychology
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	100%
University Con	ntract Period¹]10 months/⊠12 months/⊡Summer

	ART I. Conflict of Interest Screening
Ple	ease attach an explanatory statement for all "yes" responses.
1.	Do you have a consulting or other financial relationship with a sponsor of your research? yes* x no
2.	Do you or does any member of your family ² have a managerial role or a significant ³
	financial relationship with a company that does business with the University or with a
	company in a field of your research?
3.	Do you have non-University professional activities or income producing activities
	involving University of Illinois students, or other faculty or staff?
4.	Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or
	appear to present a conflict of interest or commitment with your University of Illinois
	appointment? Such relationships may include financial or fiduciary interests or
	uncompensated activities. Report these whether or not you believe the conflict is manageable. yes* x r
re.	Please <u>list</u> and <u>explain</u> in an attached statement any "yes" sponses to the questions above. Lists in Part II do NOT
su	ffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

ļ			Do you have an	2007-2008	2008-2009
-			ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
	Nature of your activities		company / organization?	Retrospective	Prospective
	(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
	examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period

▼ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

MIT TO

>/29/08

Please submit to your unit head for administrative review and approval.

- 1 Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.
- ² University Policy defines "Family" as one's spouse and children.
- Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor (Governor's salary \$177,412 as of July 1, 2008.)

PART IV. Co	onflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A. Based on the	ne activity reported and to the best of my knowledge and in my judgment:
V	No conflict of interest or commitment exists.
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
As descri	bed by the academic staff member, the involvement of University of Illinois students, faculty aff in his/her non-University activities does not appear to be detrimental to those individuals.
	Agree
	Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PART V. An	proval of Activities (Please attach a copy of any referenced explanation.)
	ive Activities (2007-2008)
4	No retrospective activities are reported or all retrospective activities are approved.
	Some or all retrospective activities are not approved.
	If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospective	e Activities (<u>2008-2009</u>)
	No prospective activities are reported or all prospective activities are approved.
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above info	rmation is correct and complete to the best of my knowledge.
Unit Head Sign	nature (J) lug lug lug M Date (0 1 0 9
PART VI. R	eview and Approval of Activities by Dean and Others as Required.
Dean/Director/ (If approval ne	
Additional Rev (Signatures)	riews Date
	Date

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	DESA
First Name:	PRAKASI
Title / Rank:	Profesor
College:	Medicine
Dept. / Unit:	Paperhiadry
Appointment	1 00 %
University Co	ntract Period ¹]10 months/ <mark> *</mark> 12 months/[]Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? □ yes* 図 no
2. Do you or does any member of your family ² have a managerial role or a significant ³
financial relationship with a company that does business with the University or with a
company in a field of your research? yes* 🔀 no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff?
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. □ yes* ⋈ no
*Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II.	Listing of	Non-University	Income	Producing	Activities
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- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- Report total number of days, where an accumulation of eight * A hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
 - * Attach additional sheets if necessary

<u> </u>	Trained of time of day of day	Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	<u>Prospective</u>
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
<u> </u>				
		<u> </u>		

▼ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Date 10/1/08

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

² University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

	inflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A. Based on th	ne activity reported and to the best of my knowledge and in my judgment:
A	No conflict of interest or commitment exists.
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President,
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President).
As descri	plete if question 3 on page 1 of the form is answered affirmatively: bed by the academic staff member, the involvement of University of Illinois students, faculty aff in his/her non-University activities does not appear to be detrimental to those individuals.
	Agree
	Disagree <u>If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.</u>
PART V. An	proval of Activities (Please attach a copy of any referenced explanation.)
	ive Activities (2007-2008)
X	No retrospective activities are reported or all retrospective activities are approved.
	Some or all retrospective activities are not approved.
*	If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President
B. Prospective	e Activities (<u>2008-2009</u>)
X	No prospective activities are reported or all prospective activities are approved.
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President).
The above info	rmation is entrect and complete to the best of my knowledge.
** ** ** 1 0 *	nature (4) 11111 Date 10/5/08
Unit Head Sign	ature Allumino Paul 1979
PART VI. R	eview and Approval of Activities by Dean and Others as Required.
Dean/Director/ (If approval near	
Additional Rev (Signatures)	Date
	Date

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	De Leon
First Name:	Ovidio
Title / Rank:	Professor
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	<u>100</u> %
University Cor	ntract Period ^I]10 months/⊠12 months/⊡Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial
relationship with a sponsor of your research? yes* x no
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* 🗵 no
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff?
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* X no
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

l			Do you nave an	2007-2008	2008-2009
١			ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
	Nature of your activities		company / organization?	Retrospective	Prospective
	(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
	examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
				1	

|X| I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.
Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

PARTIV. Conflict of Interest/Commitmen	It Keview (Please attach a copy of any referenced explanation.)
A. Based on the activity reported and to the best of my kn	owledge and in my judgment:
No conflict of interest or commitment exi	sts.
	vexist, but is being monitored by the department. stream to the next administrative level (Dean, Director, or Vice President.)
A conflict of interest or commitment may If so, please attach an explanation and fo	exist that warrants further review. Serward to the next administrative level (Dean, Director, or Vice President.)
	answered affirmatively: the involvement of University of Illinois students, faculty es does not appear to be detrimental to those individuals.
Agree	
Disagree If so, please attach an explanation and fo	rward to the next administrative level (Dean, Director, or Vice President.)
PART V. Approval of Activities (Please attack	a conv of any referenced explanation.)
A. Retrospective Activities (2007-2008)	a topy of any referenced expanded only
No retrospective activities are reported o	r all retrospective activities are approved.
Some or all retrospective activities are no	ot approved.
If so, please attach an explanation and fo	prward to the next administrative level (Dean, Director, or Vice President.)
B. Prospective Activities (2008-2009)	
No prospective activities are reported or	all prospective activities are approved.
Some or all declared prospective activities If so, please attach an explanation and for	es are not approved. <u>rward to the next administrative level (Dean, Director, or Vice President.)</u>
The above information is correct and complete to the best	of my knowledge.
(1) (1) (1) (1)	M Date 1011/08
Unit Head Signature	Date 11100
PART VI. Review and Approval of Activi	ties by Dean and Others as Required.
Dean/Director/VP Signature (If approval needed)	Date
Additional Reviews (Signatures)	Date
	Date

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Dong
First Name:	Erbo
Title / Rank:	
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	<u>100</u> %
University Cor	tract Period¹]10 months/⊠12 months/⊡Summer

	P	ART I. Conflict of Interest Screening					
	Please attach an explanatory statement for all "yes" responses.						
	1.	Do you have a consulting or other financial					
		relationship with a sponsor of your research? yes* x no					
	2.	Do you or does any member of your family ²					
		have a managerial role or a significant ³					
		financial relationship with a company that					
		does business with the University or with a					
		company in a field of your research? yes* X no					
	3.	Do you have non-University professional					
		activities or income producing activities					
		involving University of Illinois students, or					
		other faculty or staff?					
	4.	Do you or does any member of your immediate					
		family have any other relationships,					
		commitments, or activities that might present or					
		appear to present a conflict of interest or					
		commitment with your University of Illinois					
	appointment? Such relationships may include						
		financial or fiduciary interests or					
uncompensated activities. Report these whether							
		or not you believe the conflict is manageable. yes* no					
		Please <u>list</u> and <u>explain</u> in an attached statement any "yes"					
		sponses to the questions above. Lists in Part II do NOT					
	su	ffice as explanation.					

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week
- * Do not include amounts of compensation.
 - Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

		Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	<u>Prospective</u>
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/organization)	an attached statement.)	this Reporting Period	Current Reporting Period
N/A				
IN/A				
		() ()		

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

² University Policy defines "Family" as one's spouse and children.

³ Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who eam more than 60% of the Governor's salary have either (a) ownership interests in watcess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.) 10 01

PART I	V. Con	flict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A. Ba	ased on the	activity reported and to the best of my knowledge and in my judgment:
	A 1	No conflict of interest or commitment exists.
		A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
		A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
A	s describe	ete if question 3 on page 1 of the form is answered affirmatively: ed by the academic staff member, the involvement of University of Illinois students, faculty in his/her non-University activities does not appear to be detrimental to those individuals.
		Agree
		Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
		roval of Activities (Please attach a copy of any referenced explanation.)
A. R	• .	Activities (2007-2008)
	_	No retrospective activities are reported or all retrospective activities are approved.
		Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В. Р	rospective A	Activities (<u>2008-2009</u>)
	A	No prospective activities are reported or all prospective activities are approved.
		Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
The a	bove inform	nation is conject and complete to the best of by knowledge.
	Head Signat	(1)
PART	VI. Rev	view and Approval of Activities by Dean and Others as Required.
Dean	/Director/V	P Signature
	proval need	
	tional Revie	Date
(Dign		
		Date

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	DWIVEDI	
First Name:	YOGESH	
Title / Rank:	ASSOCIATE PROFSSOR	
College:	MEDICINE	
Dept. / Unit:	PSYCHIATRY	
Appointment \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
University Contract Period¹ ✓9 months/☐10 months/☐12 months/☐Summer		

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? yes* X no
2. Do you or does any member of your family ² have a managerial role or a significant ³
financial relationship with a company that does business with the University or with a company in a field of your research? yes* X no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff?
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. yes*
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

		Do you have an	2007-2008	2008-2009	
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15	
Nature of your activities		company / organization?	Retrospective	Prospective	
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in	1
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period	l
					ĺ
			İ		
					ĺ
				·	
					ı

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PARTEIL Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

Date

09/22/08

1 Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

PARTIV. Co	onflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A. Based on the	ne activity reported and to the best of my knowledge and in my judgment:
	No conflict of interest or commitment exists.
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
As descr	ibed by the academic staff member, the involvement of University of Illinois students, faculty aff in his/her non-University activities does not appear to be detrimental to those individuals.
	Agree
	Disagree <u>If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)</u>
DARTV AT	pproval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospect	tive Activities (2007-2008)
	No retrospective activities are reported or all retrospective activities are approved.
	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospectiv	ve Activities (2008-2009)
A	No prospective activities are reported or all prospective activities are approved.
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above info	ormation is correct and complete to the best of my knowledge.
Unit Head Sig	
PART VI. R	teview and Approval of Activities by Dean and Others as Required.
Dean/Director (If approval no	
Additional Re (Signatures)	Date
	Date

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Farmer
First Name:	Alvin
Title / Rank:	PhD
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	<u>50</u> %
University C	ontract Period¹ □10 months/⊠12 months/□Summer
-	The second secon

Marine Land Control of Section 1975	
Corecuing	
PART I. Conflict of Interest Screening	enonses.
avnianiii V statelli V	P
	yes* ⊠ no
1. Do you have a consuming of c	ycs 23 220
2. Do you or does any member significant ³ have a managerial role or a significant ³	
The second of th	ves* 🕅 no
does business with the contract company in a field of your research?	yes* ⊠ no
company in a field of year	
3. Do you have non-University professional	
activities or income producing articles or involving University of Illinois students, or] yes* ⊠ no
other faculty or staff? 4. Do you or does any member of your immediate	
doog any method of your and	
4. Do you of does any mental family have any other relationships, family have any other relationships, are the might present or	
appear to present a conflict of interest or	
- 1 sintment/ SIICH Telacionomps - 7	
financial or fiduciary interests or	
	yes* ⊠ no
or not you believe the conflict is manageable.	inv "ves"
or not you believe the conflict is manageder. *Please <u>list</u> and <u>explain</u> in an attached statement of the statement of the list and explain in an attached statement of the st	do NOT
responses to the questions above	
er suffice as explanation.	
sujj.	

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do not need to complete this section.
- * Do not include amounts of compensation.
 - * Do not report "various" when reporting retrospective activity.
 - * Attach additional sheets if necessary

complete this section. * Report total number of days hours equals one day, regard	41000	of week.	2007-2006	2008-2009 Aug.16 - Aug.15
Nature of your activities	For whom (e.g.,	ownership interest in this company / organization? (If so, please explain in an attached statement.)	Retrospective Days Spent During this Reporting Period	Prospective Days to be Spent in Current Reporting Period
examples)	company/ organization)			
	I HAVE NO ACTIV	VITIES THAT I AM R	EQUIRED TO REL	PORT

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval. Check all that apply. The University contract period includes evenings, weekengs and holidays during the term of employment.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than focusement code (3 minors complicate statutes 300/30-13) promotes the award of offiversity contracts to companies in which offiversity companies in which o 2008 - 2009

PART A. Conflict of Interest/Commitment Position
PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation) of A. Based on the activity reported and to the best of my knowledge and in my judgment:
No conflict of interest or commitment exists.
A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean Director on Vice Park 1).
A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals
Disagree
If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PARTIV Approval state of the second
PART V. Approval of Activities (Please attach a copy of any referenced explanation.) A. Retrospective Activities (2007-2008)
2000)
No retrospective activities are reported or all retrospective activities are approved.
Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the part a hair is a state of the part.
If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.) B. Prospective Activities (2008-2000)
B. Prospective Activities (2008-2009)
No prospective activities are reported or all prospective activities are approved.
Some or all declared prospective activities are not as
If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above information is correct and complete to the best of my knowledge.
Unit Head Signature (Uluulli ave W Date 10/5/08
PARTYL: Review and Approval of Activities by Dean and Others as Required.
Dean/Director/VP Signature
(If approval needed)
Additional Reviews
(Signatures)
Date

University of Illinois at Chicago

Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Fox	
First Name:	Geri	
Title / Rank:	Professor	
College:	COM	
Dept. / Unit:	Psychiatry/GME	
Appointment	<u>100</u> %	
University Contract Period¹ ☐9 months/☐10 months/☒12 months/☐Summer		

PART I. Conflict of Interest Screening				
Please attach an explanatory statement for all "yes" responses.				
1. Do you have a consulting or other financial relationship with a sponsor of your research? yes* x no				
2. Do you or does any member of your family ² have a managerial role or a significant ³				
financial relationship with a company that does business with the University or with a company in a field of your research? yes* no				
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or				
other faculty or staff? yes* 🗵 no				
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether				
or not you believe the conflict is manageable. yes* no				
*Please list and explain in an attached statement any "yes"				
responses to the questions above. Lists in Part II do NOT				
suffice as explanation.				

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

2008-2009 Do you have an 2007-2008 ownership interest in this Aug.16 - Aug.15 Aug.16 - Aug.15 **Prospective** company / organization? Retrospective Nature of your activities Days to be Spent in (If so, please explain in Days Spent During (see instructions for For whom (e.g., Current Reporting Period this Reporting Period an attached statement.) company/ organization) examples)

X I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

Date 9/23/08

1 Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

² University Policy defines "Family" as one's spouse and children.

Oniversity Portry defines Fairiny as one 3 spouse and clinical stress of the Sapotas and Clinical Spouse a

PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A. Based on the activity reported and to the best of my knowledge and in my judgment:
No conflict of interest or commitment exists.
A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
B. Please complete if question 3 on page 1 of the form is answered affirmatively: As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.
Agree Agree
Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President
PART V. Approval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospective Activities (2007-2008)
No retrospective activities are reported or all retrospective activities are approved.
Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
B. Prospective Activities (2008-2009)
No prospective activities are reported or all prospective activities are approved.
Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice Presiden)
The above information is correct and complete to the best of my knowledge.
Unit Head Signature (WWW Date / 0 / 1/20
PART VI. Review and Approval of Activities by Dean and Others as Required.
Dean/Director/VP Signature (If approval needed) Date
Additional Reviews (Signatures) Date
Date

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Gonzalez
First Name:	Raul
Title / Rank:	Asst. Porfessor
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	00%
University Con	ntract Period ¹ .]10 months/\(\square\) 12 months/\(\square\) Summer

PART 1. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? yes* no
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* \(\sqrt{no} \)
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff? yes* 🔀 no
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* x no
*Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

				ing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

Do you have an 2007-2008 2008-2009	Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 Retrospective Days Spent During this Reporting Period	Aug.16 - Aug.15 Prospective Days to be Spent in Current Reporting Period
				1	Aug.16 - Aug.15
	Noture of your activities			Retrospective	
ownership interest in this company / organization? Aug.16 - Aug.15 Prospective Prospective		For whom (e.g.,		Days Spent During	
Nature of your activities Nature of your activities Nature of your activities One instructions for the company / organization? (If so, please explain in this company / organization? (If so, please explain in this company / organization? Days Spent During Days to be Spent in this company / organization?	,			this Reporting Period	Current Reporting Period
Nature of your activities (see instructions for See	examples)	John J. C. Burrens			
Nature of your activities (see instructions for See			Ì		
Nature of your activities (see instructions for See					
Nature of your activities (see instructions for See					
Nature of your activities (see instructions for See					
Nature of your activities (see instructions for See					

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmati	V **
	1.3 1 150
	U.LA.

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approved. Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor (Governor's salary \$177,412 as of July 1, 2008.)

PART	IV. Co	nflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A.	Based on the	e activity reported and to the best of my knowledge and in my judgment:
	Z	No conflict of interest or commitment exists.
		A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
		A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В.	An decerit	polete if question 3 on page 1 of the form is answered affirmatively: seed by the academic staff member, the involvement of University of Illinois students, faculty of in his/her non-University activities does not appear to be detrimental to those individuals.
		Agree
		Disagree <u>If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)</u>
PAR	г V. Ар	proval of Activities (Please attach a copy of any referenced explanation.)
A.	Retrospecti	ve Activities (<u>2007-2008)</u>
	X	No retrospective activities are reported or all retrospective activities are approved.
		Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В.	Prospective	e Activities (<u>2008-2009</u>)
		No prospective activities are reported or all prospective activities are approved.
		Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
T	he above info	rmation is correct and complete to the best of my knowledge.
	Init Head Sigr	4 0
PAR	TVI. R	eview and Approval of Activities by Dean and Others as Required.
		VP Signature
(If approval ne	peded) Date
	Additional Rev Signatures)	views Date
·		Date

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Gorski
First Name:	Jennifer
Title / Rank:	Assistant Professor
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	25%
University Co	ntract Period¹ ☐10 months/区12 months/☐Summer
Windows was recommended to	

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
Please attach an explanatory statement for all yes response
1. Do you have a consulting or other financial
relationship with a sponsor of your research? yes* yes* no 2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* × no
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff?
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not voll believe the confiner is management.
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT
responses to the questions above. Lists in 1 will we re-
suffice as explanation.

A Prince Modern

Catao Paran

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do \underline{not} report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 Retrospective Days Spent During this Reporting Period	Aug.16 - Aug.15 Prospective Days to be Spent in Current Reporting Period
	TO A COUNTY	TETES THAT I AM RI	TOURED TO REP	ORT

X I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART-III. Affirmation			
Manual Commence of the Commenc	11 1 D. L'an are Conflicte of Car	nmitment and Interes	t^4 and the above information is
I affirm that I have read the Univ true to the best of my knowledge.	If significant changes in activities	occur during the year	, this form must be updated.
true to the best of my knowledge.	1/ Significant control		
		Date	10/3/00
Academic Staff Member's Signature			-14/3/08

Please submit to your unit head for administrative review and approval. ¹ Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment

² University Policy defines "Family" as one's spouse and children.

³ Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Hanbourer-Coste
First Name:	Ingeborg
Title / Rank:	Visiting Associate Professi
College:	
Dept. / Unit:	Psychiatry
Appointment	<u>50</u> %
University Company Manager University Company	ntract Period ¹]10 months/[]12 months/[]Summer

	PART I. Conflict of Interest Screening							
t	Please attach an explanatory statement for all "yes" responses.							
	1. Do you have a consulting or other financial							
	relationship with a sponsor of your research? yes* no							
	2. Do you or does any member of your family ²							
	have a managerial role or a significant ³							
	financial relationship with a company that							
	does business with the University or with a							
	company in a field of your research?							
	3. Do you have non-University professional							
	activities or income producing activities							
3	involving University of Illinois students, or							
-	other faculty or staff?							
_	4. Do you or does any member of your immediate							
	family have any other relationships,							
SON	commitments, or activities that might present or							
	appear to present a conflict of interest or							
_	commitment with your University of Illinois							
	appointment? Such relationships may include							
	financial or fiduciary interests or							
	uncompensated activities. Report these whether							
	or not you believe the conflict is manageable. yes* no							
	*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"							
r	responses to the questions above. Lists in Part II do NOT							
1	suffice as explanation.							

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 Retrospective Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 Prospective Days to be Spent in Current Reporting Period

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

² University Policy defines "Family" as one's spouse and children.

³ Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<u>Parellavia</u> Co	ndlict of Interest/Commitment Review (Pease attache copyorany referenced explanation)).
A. Based on the activity reported and to the best of my knowledge and in my judgment:	
V	No conflict of interest or commitment exists.
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Please complete if question 3 on page 1 of the form is answered affirmatively: As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.	
	Agree
	Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PART V. Approval of Activities (Please attach a copy of any referenced explanation.)	
A. Retrospective Activities (2007-2008)	
A. Retrospect	No retrospective activities are reported or all retrospective activities are approved.
	and the second second
فغه ا	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospective Activities (2008-2009)	
	No prospective activities are reported or all prospective activities are approved.
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above information is correct and complete to the best of my knowledge.	
(1) 011 1 / 0 se M Date 1015108	
Unit Head Sig	graduic () decay to the source of the sourc
PARTEYE Review and Approval of Activities by Dean-and Others as Required.	
Dean/Directo (If approval r	r/VP Signature Date
Additional Re (Signatures)	Ligie
	Date

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	HARROW
First Name:	MARTIN
Title / Rank:	Proposial
College:	MEDICINE
Dept. / Unit:	Psychurus
Appointment (°° %
• •	tract Period 1 / 10 months/ 12 months/ Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial
relationship with a sponsor of your research? yes* no
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* no
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff? ☐ yes* ☑ no
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* no
*Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.

- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

nours equals one day, regu	T	Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug. 16 - Aug. 15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Detrochactive	Prospective
(see instructions for	For whom (e.g.,	(1f so, please explain in	Days Spent During	Days to be Spent in 10
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
Champion	, , , ,			
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	<i>}</i>			
	TITLING ACCUTA	TOTES THAT I AM DI	FOLUDED TO DED	OPT OUR T

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines 'Family' as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

PARKE	javaa (com	Hict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
Α.	Based on the	activity reported and to the best of my knowledge and in my judgment:
		No conflict of interest or commitment exists.
	_	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	_	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В.		lete if question 3 on page 1 of the form is answered affirmatively: ed by the academic staff member, the involvement of University of Illinois students, faculty f in his/her non-University activities does not appear to be detrimental to those individuals.
		Agree
		Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
		proval of Activities (Please attach a copy of any referenced explanation.)
PAK	Retrospectiv	ve Activities (2007-2008)
11.	X	No retrospective activities are reported or all retrospective activities are approved.
		and the second
•	لسسا	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В.	Prospective	Activities (2008-2009)
		No prospective activities are reported or all prospective activities are approved.
		Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
m	ha above infor	mation is correct and complete to the best of my knowledge.
		Date 1015/08
U	Init Head Sign	ature The state of
PAR	alavik-ik	eview and Approval of Activities by Dean and Others as Required.
	den era til stat besterne stat det era	
	Dean/Director/ If approval ne	
	Additional Rev Signatures)	riews Date
(,	orginaturos)	Date

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Administrative Review and Approval, UIC RNUA 2008-2009

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

		nflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
Α.	Based on the	activity reported and to the best of my knowledge and in my judgment:
	NA.	No conflict of interest or commitment exists.
		A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
		A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В.	As describ	plete if question 3 on page 1 of the form is answered affirmatively: bed by the academic staff member, the involvement of University of Illinois students, faculty of in his/her non-University activities does not appear to be detrimental to those individuals.
		Agree
		Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	. 	
		proval of Activities (Please attach a copy of any referenced explanation.)
Α.	Retrospectiv	ve Activities (2007-2008)
)XI	No retrospective activities are reported or all retrospective activities are approved.
		Some or all retrospective activities are not approved. <u>If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)</u>
В.	Prospective	Activities (2008-2009) with c
	,	ant and uncrestror commitment ender.
	V	No prospective activities are reported or all prospective activities are approved.
		Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The	ahove infor	mation is correct and complete to the best of my knowledge.
1110	c above intol	mation is confect and complete to the bost of the minority of the second of the minority of the second of the seco
Uni	it Head Signa	ature Date 0 5 0 8
		as her nor-University actives does
ADMIN'S	n xir	eview and Approval of Activities by Dean and Others as Required.
FARI	L VI, K	eview and Approval of Activities by Dean and Others as Required.
	an/Director/V	
(If	approval nee	ded) Date
	ditional Revi gnatures)	Date
		Date
		- Date
		so anuclianterplanation and forward the control

and is correct and complete to the best of my knowledge

2008 - 2009

	omflict of Interest/Commitment Review (Please at act	arcopy of any referenced explanation:) e
A. Based on th	the activity reported and to the best of my knowledge and in my judgment.	
A	No conflict of interest or commitment exists.	1. d. Javantmont
	A conflict of interest or commitment may exist, but is being monitored If so, please attach an explanation and forward to the next administration.	70 10101 (2001)
	A conflict of interest or commitment may exist that warrants further re If so, please attach an explanation and forward to the next administrat	view. <u>ive level (Dean, Director, or Vice President</u> .)
	omplete if question 3 on page 1 of the form is answered affirmatively: cribed by the academic staff member, the involvement of University in his/her non-University activities does not appear to be o	ersity of Illinois students, faculty detrimental to those individuals.
	Agree	
	Disagree If so, please attach an explanation and forward to the next administration.	tive level (Dean, Director, or Vice President.)
		coloration)
PART V. Aj	pproval of Activities (Please attach a copy of any referenced e	1
A. Retrospec	ective Activities (2007-2008) No retrospective activities are reported or all retrospective activities a	re approved.
(XL		
L.	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administre	ntive level (Dean, Director, or Vice President.)
B. Prospecti	tive Activities (<u>2008-2009</u>)	
	No prospective activities are reported or all prospective activities are	approved.
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administra	
The above in	nformation is correct and complete to the best of my knowledge.	1
	Date	10/5/08
Unit Head Si		
Thirting the average	Review and Approval of Activities by Dean and C	thers as Required.
SEATED FROM		
Dean/Directo (If approval	tor/VP Signature Date Date	
Additional F (Signatures)	Reviews	
	Date	

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Herbener
First Name:	Ellen
Title / Rank:	Assistant Professor
College:	Medicine and LAS
Dept. / Unit:	Psychiatry and Psychology
Appointment	100%
University Cor	ntract Period ¹]10 months/12 months/Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial
relationship with a sponsor of your research? yes* no
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* no
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff? ☐ yes* ☐ no
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* no
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do <u>not</u> include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

	raicss of time of day of day	Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	Prospective
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
		an a		
L		L	J	

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

 Date 9/22/06

1 Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

² University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

NA T	TC	my ca	nflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A	Α.	Based on the	activity reported and to the best of my knowledge and in my judgment:
		VA .	No conflict of interest or commitment exists.
			A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
			A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	В.	مانسه مملي م	olete if question 3 on page 1 of the form is answered affirmatively: bed by the academic staff member, the involvement of University of Illinois students, faculty of in his/her non-University activities does not appear to be detrimental to those individuals.
			Agree
			Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PΛ	R'	ΓV An	proval of Activities (Please attach a copy of any referenced explanation.)
- Z-A	A.	Retrospectiv	ve Activities (<u>2007-2008)</u>
		X.	No retrospective activities are reported or all retrospective activities are approved.
			Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
	В.	Prospective	Activities (<u>2008-2009</u>)
			No prospective activities are reported or all prospective activities are approved.
			Some or all declared prospective activities are not approved. <u>If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)</u>
	Tl	ne above infor	mation is correct and complete to the best of my knowledge.
		nit Head Sign	
PA	R	TVI. R	eview and Approval of Activities by Dean and Others as Required.
		ean/Director/ f approval nee	
		dditional Rev Signatures)	riews Date
			Date

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Hill
First Name:	Carri
Title / Rank:	Assistant Professor
College:	Medicine
Dept. / Unit:	Psychiatry/IJR
Appointment	<u>100</u> %
University Cor	ntract Period ¹]10 months/\(\overline{X}\)12 months/\(\overline{Summer}\)

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial
relationship with a sponsor of your research? yes* x no
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* x no
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff?
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* X no
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

		Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	<u>Prospective</u>
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
				L

☒ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

9-22-08

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

	Condict of Interest/Commitment Review (Please anach a copy of any referenced explanations) &
A. Based of	the activity reported and to the best of my knowledge and in my judgment:
V	No conflict of interest or commitment exists.
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	complete if question 3 on page 1 of the form is answered affirmatively: scribed by the academic staff member, the involvement of University of Illinois students, faculty staff in his/her non-University activities does not appear to be detrimental to those individuals.
	Agree
	Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
movaco es la Cressi de Caracidado	Approval of Activities (Please attach a copy of any referenced explanation:)
PART V.	Approval of Activities (Please attach a copy of any references approval of Activities (2007-2008)
A. Relios	No retrospective activities are reported or all retrospective activities are approved.
VA.	
<u> </u>	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospe	ctive Activities (<u>2008-2009</u>)
_	No prospective activities are reported or all prospective activities are approved.
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above	information is correct and complete to the best of my knowledge.
	(a) 01 1 (a) (a) (b) Date (0) \$108
Unit Head	Signature
anvedillavik	Review and Approval of Activities by Dean and Others as Required.
HEATANTER	
	al needed) Date
Additiona (Signature	l Reviews Date
	Date

University of Illinois at Chicago

Academic Staff

2008-2009 Report of

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	HILL
First Name:	Scot
Title / Rank:	RESEARCH ASST PROF
College:	MEDICINE
Dept. / Unit:	PSYCHIATRY
Appointment /	OO %
University Con	
	10 months/\(\)12 months/\(\)Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? yes* no
2. Do you or does any member of your family ² have a managerial role or a significant ³ financial relationship with a company that does business with the University or with a
company in a field of your research? 3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? yes* yes*
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. *Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do <u>not</u> include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

		Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	Prospective
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
		1		

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Date 007 01,2008

Please submit to your unit head for administrative review and approval.

1 Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

PARAMAY CO	milics of interest/Commitment Review (Peascattach a copyor any referenced explanation) a
A. Based on the	e activity reported and to the best of my knowledge and in my judgment:
A	No conflict of interest or commitment exists.
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	aplete if question 3 on page 1 of the form is answered affirmatively: bed by the academic staff member, the involvement of University of Illinois students, faculty aff in his/her non-University activities does not appear to be detrimental to those individuals.
	Agree
	Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
and the second s	
PART V. Ap	prioval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospect	tive Activities (2007-2008) No retrospective activities are reported or all retrospective activities are approved.
W.	The state of the s
	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospectiv	ve Activities (2008-2009)
	 No prospective activities are reported or all prospective activities are approved.
	de de la companya de
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above info	formation is correct and complete to the best of my knowledge.
	(-1) 0.1
Unit Head Sig	mature Structure of the
	Review and Approval of Activities by Dean and Others as Required.
NATE NAME:	(eview and sold of sol
Dean/Director (If approval n	r/VP Signature Date
Additional Re (Signatures)	1 1916
	Date

University of Illinois at Chicago

Academic Staff

2008-2009 Report of

Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: HOFFMAN
First Name: TRWIN
Title/Rank: Loc Yourer
College: Medicine
Dept. / Unit: Psychiatry
Appointment 20%
University Contract Period 9 months/ 10 months/ 12 months/ Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial
relationship with a sponsor of your research?
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research?
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff?
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* v no
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do not need to complete this section.
- Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

diess of fille of day of day	Do you have an	2007-2008	2008-2009
		1	Aug.16 - Aug.15
	1 -		Prospective
For whom (e.g.,	1		Days to be Spent in
	an attached statement.)	this Reporting Period	Current Reporting Period
	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? For whom (e.g., (If so, please explain in	Do you have an ownership interest in this company / organization? For whom (e.g., (If so, please explain in 2007-2008 Aug.16 - Aug.15 Retrospective Days Spent During

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature Seurn for feron, [4,], I Please submit to your unit head for administrative review and approval.

1 Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

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PARI	IV. Cor	iflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A.	Based on the	activity reported and to the best of my knowledge and in my judgment:
	X	No conflict of interest or commitment exists.
		A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
		A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В.	An degarih	plete if question 3 on page 1 of the form is answered affirmatively: seed by the academic staff member, the involvement of University of Illinois students, faculty if in his/her non-University activities does not appear to be detrimental to those individuals.
		Agree
		Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
DAD'	r V An	proval of Activities (Please attach a copy of any referenced explanation.)
A	Retrospectiv	ve Activities (2007-2008)
71.	Ø/	No retrospective activities are reported or all retrospective activities are approved.
		a 11 material activity activities are not enproved
		If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В.	Prospective	Activities (2008-2009)
	17	_No prospective activities are reported or all prospective activities are approved.
		Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
T	he above infor	mation is gonect and complete to the best of my knowledge.
		10/23/08
	nit Head Sign	
PAR	TVI. R	eview and Approval of Activities by Dean and Others as Required.
	Dean/Director/ If approval nee	
	Additional Rev Signatures)	Date
		Date

University of Illinois at Chicago

Academic Staff

2008-2009 Report of

Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Hur
Kwan
Adj. Assistnat Professor
Medicine
Psychiatriy
<u>50</u> %
ntract Period¹]10 months/⊠12 months/⊡Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial
relationship with a sponsor of your research? yes* no
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* no
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff?
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* no
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

		Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	Prospective
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
				-
l .			l .	

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

wan Jul

10/22/08

Please submit to your unit head for administrative review and approval.

Theck all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

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PART IV. Conflict of Interest/Commitment Review (Please attach a copy of	any referenced explanation.)
A. Based on the activity reported and to the best of my knowledge and in my judgment:	
No conflict of interest or commitment exists.	
A conflict of interest or commitment may exist, but is being monitored by the department for please attach an explanation and forward to the next administrative level (I	
A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (I	Dean, Director, or Vice President.)
B. Please complete if question 3 on page 1 of the form is answered affirmatively: As described by the academic staff member, the involvement of University of I and/or staff in his/her non-University activities does not appear to be detriment	
Agree	
Disagree If so, please attach an explanation and forward to the next administrative level (I	Pean, Director, or Vice President.)
PART V. Approval of Activities (Please attach a copy of any referenced explanation	.)
A. Retrospective Activities (2007-2008)	
No retrospective activities are reported or all retrospective activities are approved	•
Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (I	Dean, Director, or Vice President.
B. Prospective Activities (2008-2009)	
No prospective activities are reported or all prospective activities are approved.	
Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (D	ean, Director, or Vice President.)
The above information is correct and complete to the best of my knowledge.	
Unit Head Signature (1) (1) Date 10/23,	102
PART VI. Review and Approval of Activities by Dean and Others as	Required.
Dean/Director/VP Signature (If approval needed) Date	
Additional Reviews (Signatures) Date	
Date	

University of Illinois at Chicago Academic Staff 2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Jacob
First Name:	Suma
Title / Rank:	Asst. Prof.
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	<u>100</u> %
University Co	ntract Period ¹]10 months/区12 months/ Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
I. Do you have a consulting or other financial relationship with a sponsor of your research? yes* x no
2. Do you or does any member of your family ² have a managerial role or a significant ³ financial relationship with a company that
does business with the University or with a company in a field of your research? yes* no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or
other faculty or staff?
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* yes* no
*Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

Nature of your activities (see instructions for	For whom (e.g.,	Do you have an ownership interest in this company / organization? (If so, please explain in	2007-2008 Aug.16 - Aug.15 Retrospective Days Spent During	Aug.16 - Aug.15 Prospective Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

¹ Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment

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Pare Da Coi	dict of Interest/Commitment Review (Please attach a copy of any referenced explanations)
	activity reported and to the best of my knowledge and in my judgment:
	No conflict of interest or commitment exists.
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
4 1 *1	lete if question 3 on page 1 of the form is answered affirmatively: ed by the academic staff member, the involvement of University of Illinois students, faculty in his/her non-University activities does not appear to be detrimental to those individuals.
	Agree
	Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	proval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospective	ve Activities (2007-2008)
A. Kellospeon	No retrospective activities are reported or all retrospective activities are approved.
	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospective	Activities (2008-2009)
	No prospective activities are reported or all prospective activities are approved.
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above infor	rmation is correct and complete to the best of my knowledge.
Unit Head Sign	ature (4) Date 10/5/08
jeateratek	eview and Approval of Activities by Dean and Others as Required.
Dean/Director/ (If approval nee	VP Signature Date
Additional Rev (Signatures)	riews Date
	Date

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? yes* x no
2. Do you or does any member of your family ² have a managerial role or a significant ³ financial relationship with a company that does business with the University or with a company in a field of your research?
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff?
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* no
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do <u>not</u> include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

		Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	Prospective
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Kuhr J. Kuplin

_ Date _

Nov. 5,2008

Please submit to your unit head for administrative review and approval.

1 Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

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⁴ The University Policy on Conflicts of Commitment and Interest is available at: http://www.vpaa.uillinois.edu/policies/conflict_toc.asp

PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A. Based on the activity reported and to the best of my knowledge and in my judgment:
No conflict of interest or commitment exists.
A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
B. Please complete if question 3 on page 1 of the form is answered affirmatively: As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.
Agree
Disagree <u>If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President</u>
PART V Approval of Activities Places et al
PART V. Approval of Activities (Please attach a copy of any referenced explanation.) A. Retrospective Activities (2007-2008)
No retrospective activities are reported or all retrospective activities are approved.
Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
B. Prospective Activities (2008-2009)
No prospective activities are reported or all prospective activities are approved.
Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President).
The above information is correct and complete to the best of my knowledge.
Unit Head Signature Ullufflug M Date 115/08
PART VI. Review and Approval of Activities by Dean and Others as Required.
Dean/Director/VP Signature (If approval needed) Date
Additional Reviews (Signatures) Date
Date

University of Illinois at Chicago

Academic Staff

2008-2009 Report of

Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Keedy
First Name:	Sarah
Title / Rank:	Research Assistant Professor
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	<u>100</u> %
University Con	ntract Period¹]10 months/⊠I2 months/∭Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes* ☒ no
2. Do you or does any member of your family ² have a managerial role or a significant ³ financial relationship with a company that does business with the University or with a company in a field of your research?
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? yes* yes* no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. yes* ⋈ no
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

		Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	Prospective
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
*				
		1		

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature_

Date 9-25-08

Please submit to your unit head for administrative review and approval.

1 Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

² University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

PARHA	onflict of Interest/Commitment Review (Please attach a copy of any referenced explanation)
A. Based on t	the activity reported and to the best of my knowledge and in my judgment:
M	No conflict of interest or commitment exists.
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
1 - 4000	mplete if question 3 on page 1 of the form is answered affirmatively: ribed by the academic staff member, the involvement of University of Illinois students, faculty taff in his/her non-University activities does not appear to be detrimental to those individuals.
	Agree
	Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PART V. A	pproval of Activities (Please attach a copy of any referenced explanation.) ctive Activities (2007-2008)
A. Reliospe	No retrospective activities are reported or all retrospective activities are approved.
	u de la companya de l
ll	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospect	ive Activities (<u>2008-2009</u>)
	No prospective activities are reported or all prospective activities are approved.
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above in	formation is correct and complete to the best of my knowledge.
	10/5/08
Unit Head Si	
	Review-and Approval of Activities by Dean and Others as Required. 2
Dean/Directo (If approval	or/VP Signature needed) Date
Additional R (Signatures)	
	Date

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND			have a managerial role or a significant ³			
DECLIECT FOR DRIOR			financial relationship with a company that			
REQUEST FOR PRIOR			does business with the University or with a			
APPROVAL			company in a fi	eld of your research?	☐ yes* ☐ no	
			3. Do you have no	n-University professio	nal	
			•	ome producing activitie	The state of the s	
Last Name: 1012	1 W			ersity of Illinois studen	1	
			other faculty or	-	☐ yes* ☐ no	
First Name: MAR	ILYN		•	any member of your in other relationships,	mmediate	
Title / Rank: MD	care Chenty		commitments, o	or activities that might a conflict of interest		
College: Med	icane		commitment wi	th your University of I	Illinois	
D . 177 11 Oc.			* *	uch relationships may	include	
Dept. / Unit: PSY	Chenty			iciary interests or	o vyhothon	
Appointment / O D %				activities. Report thes eve the conflict is mana		
Appointment (CD /				c <u>plain</u> in an attached s		
University Contract Per	iod ¹			uestions above. Lists i		
☐9 months/☐10 mont	hs/[2] 12 months/[]Sumr	ner	suffice as explana			
PARTII. Listing	of Non-University	Incor	ne Producing 2	Activities		
* If your appointment is less				le amounts of compensat	ion.	
complete this section.	<u>===</u>			"various" when reportin		
* Report total number of day			* Attach addition	onal sheets if necessary		
hours equals one day, rega	rdless of time of day or day			1 0007 0000	1 2008 2000	
			ou have an rship interest in this	2007-2008 Aug.16 - Aug.15	2008-2009 Aug.16 - Aug.15	
Nature of your activities			any / organization?	Retrospective	Prospective	
(see instructions for	For whom (e.g.,		, please explain in	Days Spent During	Days to be Spent in	
examples)	company/ organization)		ached statement.)	this Reporting Period	Current Reporting Period	
				OLUDED TO DED	ODE	
KI KI	I HAVE NO ACTIV	TTES	STHATT AM RI	COURED TO REP	<u>OKI</u>	
DADTATE A CC.			THE PROPERTY OF THE			
PART III. Affirm	lauon		wife of Committee	ant and Interest and	the above information is	
true to the best of my kn	owledge. <i>If significant c</i>	hange.	njucis oj Commun s in activities occur	during the year, this fo	the above information is orm must be updated.	
				~ /		
Academic Staff Member's Signature Miles				Date	9/08	
Please submit to your unit I	iead for administrative revi	ew and	l approval.		. /	
Check all that apply. The University contract period includes evenings, weekends and holidays dure				the term of employment.		
 University Policy defines "Family" as one's spouse and children. Federal research regulations define "significant" as financial interests exceeding Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the aware 60% of the Governor's salary have either (a) ownership interests in excess of 7 			vard of University contracts	s to companies in which Univer	rsity employees who earn more than	

PART I. Conflict of Interest Screening

1. Do you have a consulting or other financial

relationship with a sponsor of your research? 2. Do you or does any member of your family²

Please attach an explanatory statement for all "yes" responses.

The University Policy on Conflicts of Commitment and Interest is available at: http://www.vpaa.uillinois.edu/policies/conflict_toc.asp

(Governor's salary \$177,412 as of July 1, 2008.)

	inflict of Interest/Commitment Review (Please attach a convolany referenced explanation)
A. Based on th	ne activity reported and to the best of my knowledge and in my judgment:
	No conflict of interest or commitment exists.
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
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As descri	bed by the academic staff member, the involvement of University of Illinois students, faculty aff in his/her non-University activities does not appear to be detrimental to those individuals.
	Agree
	Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
ODATPATE V ZAS	proval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospect	ive Activities (2007-2008)
X	No retrospective activities are reported or all retrospective activities are approved.
	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospectiv	re Activities (2008-2009)
	No prospective activities are reported or all prospective activities are approved.
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above info	ormation is correct and complete to the best of my knowledge.
Unit Head Sig	
icarolavek k	eview and Approval of Activities by Dean and Others as Required.
Dean/Director (If approval no	
Additional Re (Signatures)	
	Date

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND **REQUEST FOR PRIOR APPROVAL**

Last Name:	<i>ΙΦ</i> Λ
First Name: Eu	igene
Title / Rank: ASST	Prof.
College: Med	leine
Dept. / Unit:	rchiatry
Appointment 60 %	
University Contract Peri 9 months/10 month	

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes* ☒ no
2. Do you or does any member of your family² have a managerial role or a significant³ financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes* ☐ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff?
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable.
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

1			Do you have an	2007-2008	2008-2009
			ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
	Nature of your activities		company / organization?	Retrospective	Prospective
	(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
	examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
1		I	1		}

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

A. Based on the activity reported and to the best of my knowledge and in my judgment: No conflict of interest or commitment exists. A conflict of interest or commitment exists. A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach on explanation and forward to the next administrative level (Dean, Director, or Vice President.) A conflict of interest or commitment may exist that warrants further review. If so, please attach on explanation and forward to the next administrative level (Dean, Director, or Vice President.) B. Please complete if question 3 on page 1 of the form is answered affirmatively. As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals. Agree	PARKE	IV Con	flict of Interest/Communicati Review (Pleasenfactopy) in teleranced explanations?
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As described by the academic staff member, the involvement of University of Himos stadent, items, and/or staff in his/her non-University activities does not appear to be detrimental to those individuals. Agre			A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.) PART V. Approval of Activities (Riesse attach a copy of any referenced explanation.) A. Retrospective Activities (2007-2008) No retrospective activities are reported or all retrospective activities are approved. Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.) B. Prospective Activities (2008-2009) No prospective activities are reported or all prospective activities are approved. Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.) The above information is correct and complete to the best of my knowledge. Unit Head Signature Dean/Director/VP Signature (If approval needed) Date Date Date Date Date Date		A	ad by the academic staff member, the involvement of University of Infliors students, faculty
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Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.) The above information is correct and complete to the best of my knowledge. Unit Head Signature Date Dean/Director/VP Signature (If approval needed) Additional Reviews (Signatures) Date Date			No prospective activities are reported or all prospective activities are approved.
Unit Head Signature PART VI. Review and Approval of Activities by Dean and Others as Required. Dean/Director/VP Signature (If approval needed) Additional Reviews (Signatures) Date Date			a 11 to the description activities are not approved
Unit Head Signature PART VI. Review and Approval of Activities by Dean and Others as Required. Dean/Director/VP Signature (If approval needed) Additional Reviews (Signatures) Date Date	The	ahova infor	mation is correct and complete te-the best of my knowledge.
Dean/Director/VP Signature (If approval needed) Additional Reviews (Signatures) Date Date	The	anove infor	
Dean/Director/VP Signature (If approval needed) Additional Reviews (Signatures) Date	Uni		ature The total and the total
Dean/Director/VP Signature (If approval needed) Additional Reviews (Signatures) Date	HP.AVEN		view and Approval of Activities by Dean and Others as Required. 2011 12
(If approval needed) Additional Reviews (Signatures) Date			
(Signatures) Date			
Date			
			Date

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Larson		
First Name:	John		
Title / Rank:	Associate Professor		
College:	Medicine		
Dept. / Unit:	PSYCHIATRY		
Appointment	100%		
University Contract Period ¹ 9 months/10 months/12 months/Summer			

PART I. Conflict of Interest Screening	
Please attach an explanatory statement for all "yes" respons	es.
1. Do you have a consulting or other financial	
relationship with a sponsor of your research? yes*	× no
2. Do you or does any member of your family ²	
have a managerial role or a significant ³	
financial relationship with a company that	
does business with the University or with a	
company in a field of your research? yes*	X no
3. Do you have non-University professional	
activities or income producing activities	
involving University of Illinois students, or	
other faculty or staff?	× no
4. Do you or does any member of your immediate	.: C7
family have any other relationships,	1 1 1 1
commitments, or activities that might present or	
appear to present a conflict of interest or	******
commitment with your University of Illinois	
appointment? Such relationships may include	
financial or fiduciary interests or	
uncompensated activities. Report these whether	1) O
or not you believe the conflict is manageable. yes*	X no
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"	,,
responses to the questions above. Lists in Part II do NOT	
suffice as explanation.	

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do <u>not</u> report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

		Do you have an	2007-2008	2008-2009
· 7 •		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	Prospective
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
none.				
none.				
				ijo_
				. 00
		<u> </u>		

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

eview and approval.

1 Checkall that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Please submit to your unit head for administrativ

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor (Governor's salary \$177,412 as of July I, 2008.)

PARTIVE Conflict of Interest Co	multiment. Review (Please attach a copy of any referenced explanation.).
A. Based on the activity reported and to the	
No conflict of interest or co	
If so, please attach an explo	nmitment may exist, but is being monitored by the department. Ination and forward to the next administrative level (Dean, Director, or Vice President.)
A conflict of interest or con <i>If so, please attach an exple</i>	nmitment may exist that warrants further review. anation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Please complete if question 3 on page 1 of As described by the academic staff and/or staff in his/her non-University	of the form is answered affirmatively: If member, the involvement of University of Illinois students, faculty sity activities does not appear to be detrimental to those individuals.
Agree	
Disagree If so, please attach an explo	anation and forward to the next administrative level (Dean, Director, or Vice President.)
A. Retrospective Activities (2007-2008)	(Please attach a copy of any referenced explanation.)
	are reported or all retrospective activities are approved.
·	
Some or all retrospective a If so, please attach an expe	nctivities are not approved. Iduation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospective Activities (2008-2009)	
V —	re reported or all prospective activities are approved.
Some or all declared prosp	ective activities are not approved. anation and forward to the next administrative level (Dean, Director, or Vice President.)
The above information is correct and comple	ete to the best of my knowledge.
Unit Head Signature	Mar 10 Date 10 S 08
PARTEMENT REVIEW AND ADDRESSED	Loif Activities by Dean and Others as Required.
Dean/Director/VP Signature (If approval needed)	Date
Additional Reviews (Signatures)	Date
	Date

University of Illinois at Chicago

Academic Staff

2008-2009 Report of
Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Loftin
First Name:	Rachel
Title / Rank:	Assistant Professor
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	100%
University Co	ntract Period ¹ 10 months/🛛 12 months/ Summer

PA	ART I. Conflict of Interest Screening	14.	¥**
Ple	ease attach an explanatory statement for all "yes" res	pons	es.
	Do you have a consulting or other financial relationship with a sponsor of your research?	es*	× no
2.	Do you or does any member of your family ² have a managerial role or a significant ³ financial relationship with a company that does business with the University or with a	ves*	⊠ no
	Do you have non-University professional activities or income producing activities involving University of Illinois students, or	/es*	× no
	Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable.	yes* "yes	🔀 no
res	sponses to the questions above. Lists in Part II do N		
suj	ffice as explanation.		

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

		Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	Prospective
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
			J	<u></u>

☑ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative regiew and approval.

Date 9/26/08

1 Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

² University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

	onflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)—
A. Based on the	ne activity reported and to the best of my knowledge and in my judgment:
	No conflict of interest or commitment exists.
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
As descri	applete if question 3 on page 1 of the form is answered affirmatively: libed by the academic staff member, the involvement of University of Illinois students, faculty aff in his/her non-University activities does not appear to be detrimental to those individuals.
	Agree
	Disagree <u>If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)</u>
10.	
	proval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospect	ive Activities (<u>2007-2008)</u>
A	No retrospective activities are reported or all retrospective activities are approved.
	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospectiv	e Activities (<u>2008-2009</u>)
	No prospective activities are reported or all prospective activities are approved.
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above info	rmation is correct and complete to the best of my knowledge.
Unit Head Sigr	nature Mullim Date (0) 108
PART VI. R	eview and Approval of Activities by Dean and Others as Required.
Dean/Director/ (If approval ne	
Additional Rev (Signatures)	
	Date

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Heilman
First Name:	Keri
Title / Rank:	Visiting Research Asst Professor
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	100%
University Con 9 months/	tract Period ¹ 10 months/\(\square\) 12 months/\(\square\) Summer

PART I. Conflict of Interest Screening	
Please attach an explanatory statement for all "yes" re	esponses.
1. Do you have a consulting or other financial relationship with a sponsor of your research?	ves* ⊠ no
2. Do you or does any member of your family ²	yes 110
have a managerial role or a significant ³	
financial relationship with a company that	
does business with the University or with a	. 5-3
company in a field of your research?	yes* ⊠ no
3. Do you have non-University professional	
activities or income producing activities involving University of Illinois students, or	
other faculty or staff?	yes* ⊠ no
4. Do you or does any member of your immediate	7 - 2 - 110
family have any other relationships,	
commitments, or activities that might present or	
appear to present a conflict of interest or	
commitment with your University of Illinois appointment? Such relationships may include	
financial or fiduciary interests or	
uncompensated activities. Report these whether	
or not you believe the conflict is manageable.	yes* ⊠ no
*Please <u>list</u> and <u>explain</u> in an attached statement any	"yes"
responses to the questions above. Lists in Part II do	NOT
suffice as explanation.	

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

		Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	Prospective
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period

☐ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

1 Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Cook
First Name:	Edwin
Title / Rank:	Professor
College:	Medicine
Dept. / Unit:	Psychiatry/IJR
Appointment	<u>100</u> %
University Cor	ntract Period ¹]10 months/⊠12 months/⊡Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial
relationship with a sponsor of your research? yes* x n
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* x r
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff?
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* X
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

10013 040100 0000 000, 100	luces of time of day of day	Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	Prospective
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
Unampros)	,			
		<u> </u>	L	

| I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

P	ART	Ш.	Affir	mation	

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

² University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

PARTIV. Co	nflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A. Based on the	e activity reported and to the best of my knowledge and in my judgment:
\□ \□ \□ \□ \□ \□ \□ \□ \□ \□ \□ \□ \□ \	No conflict of interest or commitment exists.
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
As descri	plete if question 3 on page 1 of the form is answered affirmatively: bed by the academic staff member, the involvement of University of Illinois students, faculty aff in his/her non-University activities does not appear to be detrimental to those individuals.
	Agree
	Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PART V An	proval of Activities (Please attach a copy of any referenced explanation.)
	ve Activities (2007-2008)
V	No retrospective activities are reported or all retrospective activities are approved.
	Some or all retrospective activities are not approved.
	If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospective	e Activities (2008-2009)
	No prospective activities are reported or all prospective activities are approved.
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above info	rmation is confect and complete to the best of my knowledge.
Unit Head Sign	nature (U) My Date 10/1/08
PART VI. R	eview and Approval of Activities by Dean and Others as Required.
Dean/Director/	VP Signature
(If approval ne	
Additional Rev	
(Signatures)	Date
	Date

PART IV.	Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
	on the activity reported and to the best of my knowledge and in my judgment:
₩	No conflict of interest or commitment exists.
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President,)
As de	complete if question 3 on page 1 of the form is answered affirmatively: scribed by the academic staff member, the involvement of University of Illinois students, faculty r staff in his/her non-University activities does not appear to be detrimental to those individuals.
TA (Agree
	Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PART V.	Approval of Activities (Please attach a copy of any referenced explanation.) pective Activities (2007-2008)
A. Retros	
	No retrospective activities are reported or all retrospective activities are approved.
L_	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospe	ctive Activities (2008-2009)
	No prospective activities are reported or all prospective activities are approved.
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above	information is correct and complete to the best of my knowledge.
Unit Head !	Signature Muy Move M Date 10/27/08
PART VI.	Review and Approval of Activities by Dean and Others as Required.
Dean/Direc (If approva	ctor/VP Signature al needed) Date
Additional (Signatures	Reviews s)———————————————————————————————————
	Date
Dean/Direc (If approva	Reviews Date Date Date

PART	IV. Co	nflict of Interest/Commitment Review (Please attach a copy of any referenced explanation,)
A.	Based on the	e activity reported and to the best of my knowledge and in my judgment:
	A	No conflict of interest or commitment exists.
		A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
		A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В.	As describ	olete if question 3 on page 1 of the form is answered affirmatively: bed by the academic staff member, the involvement of University of Illinois students, faculty ff in his/her non-University activities does not appear to be detrimental to those individuals.
		Agree
		Disagree <u>If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)</u>
PART	V Anr	proval of Activities (Please attach a copy of any referenced explanation.)
A.	Retrospectiv	ve Activities (2007-2008)
		No retrospective activities are reported or all retrospective activities are approved.
		Some or all retrospective activities are not approved.
		If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В.	Prospective	Activities (2008-2009)
		No prospective activities are reported or all prospective activities are approved.
		Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
The	above inform	nation is correct and complete to the best of my knowledge.
Uni	t Head Signat	ture Muy Date MS Date
PART	VI. Re	view and Approval of Activities by Dean and Others as Required.
	n/Director/VI	
Add	litional Revie	
	natures)	Date
		Date

University of Illinois at Chicago

Academic Staff

2008-2009 Report of

Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Charney
First Name:	Elizabeth
Title / Rank:	MD, Assistant Clinical Professor
College:	UIC
Dept. / Unit:	Psychiatry
Appointment	80_%
University Cor	ntract Period¹]10 months/⊠12 months/⊡Summer

P	ART I. Conflict of Interest Screening			
P	Please attach an explanatory statement for all "yes" responses.			
1	. Do you have a consulting or other financial			
L	relationship with a sponsor of your research? yes* x no			
2	. Do you or does any member of your family ²			
	have a managerial role or a significant ³			
	financial relationship with a company that			
	does business with the University or with a			
L	company in a field of your research? yes* X no			
3	. Do you have non-University professional			
	activities or income producing activities			
	involving University of Illinois students, or			
	other faculty or staff?			
4	. Do you or does any member of your immediate			
	family have any other relationships,			
	commitments, or activities that might present or			
	appear to present a conflict of interest or			
	commitment with your University of Illinois			
	appointment? Such relationships may include			
	financial or fiduciary interests or			
	uncompensated activities. Report these whether			
	or not you believe the conflict is manageable. yes* 🗵 no			
	*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"			
,	responses to the questions above. Lists in Part II do NOT			
٤	suffice as explanation.			

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do <u>not</u> include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

		Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities	: " •	company / organization?	Retrospective	Prospective
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
	40.5	[30]		
	1731.11	family to via	o het tha	
	. unt Clinical Profes	or comm	1	
	· · · · · · · · · · · · · · · · · · ·			

X I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

Z 12 months

"Date 10/1/08

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

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University of Illinois at Chicago Academic Staff 2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: DAVIS
First Name: John M
Title/Rank: Professor
College: Medical
Dept. / Unit: Psych/1704
Appointment / n %
University Contract Period 1 12 months/ Summer 10 months/ 12 months/ Summer 12 months/ Summer 12 months/ Summer 13 months/ Summer 14 months/ Summer 14 months/ Summer 14 months/ Summer 15 months/ Summer 15 months/ Summer 16 month
and the second s

	PART 1. Conflict of Interest Screening	
	Please attach an explanatory statement for all "yes" responses.	
	1. Do you have a consulting or other financial	10
•	2. Do you or does any member of your family ² have a managerial role or a significant ³ financial relationship with a company that does business with the University or with a	no
•	3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or	10
	4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether	
		no
	*Please <u>list</u> and <u>explain</u> in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.	

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
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- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

×		Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	Prospective
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
	*			
		*		

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

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Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

		onflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A.	. Based on t	he activity reported and to the best of my knowledge and in my judgment:
		No conflict of interest or commitment exists.
		A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
		A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
В.	As descr	ibed by the academic staff member, the involvement of University of Illinois students, faculty aff in his/her non-University activities does not appear to be detrimental to those individuals.
		Agree
		Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
		oproval of Activities (Please attach a copy of any referenced explanation.)
Α.	Retrospect	tive Activities (2007-2008)
		No retrospective activities are reported or all retrospective activities are approved.
		Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President,
В.	Prospectiv	ve Activities (<u>2008-2009</u>)
		No prospective activities are reported or all prospective activities are approved.
		Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
TI	he above info	ormation is correct and complete to the best of my knowledge.
U	nit Head Sig	nature Date
PAR	TVI. R	leview and Approval of Activities by Dean and Others as Required.
D	ean/Director	/VP Signature
	f approval ne	
	dditional Re Signatures)	views Date
		Date

Last Marne

University of Illinois at Chicago Academic Staff 2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

ANDERSON

Dan Parite	71(15)51(5)51	
First Name:	TANYA R.	
Title / Rank:	ASSOCIATE PROFESSOR	
College:	MEDICINE	
Dept. / Unit:	PSYCHIATRY	
Appointment	<u>100</u> %	
University Cor	itract Period [†]]10 months/⊠12 months/⊡Summer	

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial
relationship with a sponsor of your research? yes* no
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* y no
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff?yes* 🗵 no
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commutment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* [4] no
*Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part H do NOT
suffice as explanation.
The state of the s

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week,
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity
- * Attach additional sheets if necessary

Do you have an 2007-2008 2008-2009 ownership interest in this Aug.16 - Aug.15 Aug.16 - Aug.15 Nature of your activities company / organization? Retrospective Prospective (see instructions for For whom (e.g., (If so, please explain in Days Spent During Days to be Spent in examples) company/ organization) an attached statement.) this Reporting Period Current Reporting Perrori

X I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the torm of employment.

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Federal research regulations define "vignificant" as financial interests exceeding \$33,000 in representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who can more than out of the Covernor's sulary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Covernor (Governor's latery \$177,412 as of July 1, 2008.)

4 The University Folicy on Conflicts of Commitment and Inverse is available at http://www.vpra.triflnois-edu/policies/conflict_toc.asp

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

PART IV. CO	inflict of interest/Commitment Review (Please attache copy deany referenced explanation)		
A. Based on th	ne activity reported and to the best of my knowledge and in my judgment;		
	No conflict of interest or commitment exists.		
	A conflict of interest or commitment may exist, but is being <u>monitored by the department.</u> If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)		
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice Freshbar)		
As descri	plete if question 3 on page 1 of the form is answered affirmatively: bed by the academic staff member, the involvement of University of Illinois students, faculty aff in his/her non-University activities does not appear to be detrimental to those individuals.		
	Agree		
	Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice Presulent)		
PART V. Ap	proval of Activities (Flense attach a copy of any referenced explanation.).		
A. Ketrospecti	ve Activities (<u>2007-2008)</u>		
	No retrospective activities are reported or all retrospective activities are approved.		
	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice Presulent)		
B. Prospective	e Activities (<u>2008-2009)</u>		
\mathcal{L}	No prospective activities are reported or all prospective activities are approved.		
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)		
The above infor	rnation is correct and complete to the best of my knowledge.		
Unit Head Sign	ature (Juny Date 9/30/08		
EMET VI. R	eview and Approvabol Activities by Demirand Others as Required		
Desn/Director/V	√P Signature		
(If approval nee			
Additional Revi			
(Signatures)	Date		
	Date		

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Astrachan-Fletcher	
First Name:	Ellen	
Title / Rank:	Assistant Professor	
College:	Medicine	
Dept. / Unit:	Psychiatry	
Appointment	<u>65_</u> %	
University Con 9 months/	tract Period¹]10 months/⊠12 months/⊡Summer	

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? yes* x no
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* 🗵 ne
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff?
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* x n
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

		Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	<u>Prospective</u>
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
		l	1	J.,

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

dministrative review and approval.

1 Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

The University Palmy on Conflictivity's commitment and interest is available at Inspersion repartitionary componence conflict for any

Administrative Review and Approval, UIC RNUA 2008-2009
(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A. Based on the activity reported and to the best of my knowledge and in my judgment:
No conflict of interest or commitment exists.
A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Please complete if question 3 on page 1 of the form is answered affirmatively: As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.
Agree
Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PART V. Approval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospective Activities (2007-2008)
No retrospective activities are reported or all retrospective activities are approved.
Some or all retrospective activities are not approved.
If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.
B. Prospective Activities (2008-2009)
No prospective activities are reported or all prospective activities are approved.
Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above information is correct and complete to the best of my knowledge.
Unit Head Signature (11 Unit Head Signature Date 923/08
PART VI. Review and Approval of Activities by Dean and Others as Required.
Dean/Director/VP Signature
(If approval needed) Date
Additional Reviews (Signatures) Date
Date

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Baptiste
First Name:	Donna
Title / Rank:	Associate Professor
College:	Medicine
Dept. / Unit:	Psychiatry IJR
Appointment	<u>100</u> %
University Cor	ntract Period ¹]10 months/区12 months/ Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes* ☒ no
2. Do you or does any member of your family ² have a managerial role or a significant ³ financial relationship with a company that does business with the University or with a company in a field of your research? yes* xi no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff?
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or
uncompensated activities. Report these whether or not you believe the conflict is manageable. yes* X no
*Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.

0007 0000

* Do not report "various" when reporting retrospective activity.

2009 2000

* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	Aug.16 - Aug.15 Retrospective Days Spent During this Reporting Period	Aug. 16 - Aug. 15 Prospective Days to be Spent in Current Reporting Period
				ODE

|X| I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature Please submit to your unit head for administrative review and approval

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

Administrative Review and Approval, UIC RNUA 2008-2009
(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)		
A. Based on the activity reported and to the best of my knowledge and in my judgment:		
No conflict of interest or commitment exists.		
A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)		
A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)		
B. Please complete if question 3 on page 1 of the form is answered affirmatively: As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.		
☐ Agree		
Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)		
PART V. Approval of Activities (Please attach a copy of any referenced explanation.) A. Retrospective Activities (2007-2008)		
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Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)		
B. Prospective Activities (2008-2009)		
No prospective activities are reported or all prospective activities are approved.		
Some or all declared prospective activities are not approved.		
If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)		
The above information is correct and complete to the best of my knowledge.		
Unit Head Signature Ullipublished Date 10/6/08		
PART VI. Review and Approval of Activities by Dean and Others as Required.		
Dean/Director/VP Signature (If approval needed) Date		
Additional Reviews (Signatures) Date		
Date		

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	BASLET
First Name:	GASTON
Title / Rank: 1	ASSIST. PROF. OF CLINICAL PSYCH
College:	MEDICINE
Dept. / Unit:	PSYCHIATRY
Appointment	00 %
University Co	

	50 × 1	
	P	ART L. Conflict of Interest Screening
i	Ple	ease attach an explanatory statement for all "yes" responses.
		Do you have a consulting or other financial relationship with a sponsor of your research? yes* no
12	2.	Do you or does any member of your family ²
		have a managerial role or a significant ³
		financial relationship with a company that
		does business with the University or with a
		company in a field of your research? yes* no
	3.	Do you have non-University professional
		activities or income producing activities
		involving University of Illinois students, or/
		other faculty or staff?
	4.	Do you or does any member of your immediate
		family have any other relationships,
		commitments, or activities that might present or
		appear to present a conflict of interest or
		commitment with your University of Illinois
		appointment? Such relationships may include
		financial or fiduciary interests or
		uncompensated activities. Report these whether
		or not you believe the conflict is manageable. yes* X no
ſ		Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
	re	esponses to the questions above. Lists in Part II do NOT
L	SI	uffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

noure equals one early, reger	dioss of time of day of day	Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	Prospective
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
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1.00	ATTENDED TO THE PARTY OF THE PA		3111.54	

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment. University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor (Governor's salary \$177,412 as of July 1, 2008.)

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

PARTIV. Conflicto	f Interest/Commitment Review (Please attaches copy of any referenced explanation.)
A. Based on the activity r	eported and to the best of my knowledge and in my judgment:
No confl	ict of interest or commitment exists.
A conflic	ct of interest or commitment may exist, but is being <u>monitored by the department.</u> ase attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
A conflic	ct of interest or commitment may exist that warrants further review. ase attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
As described by the	estion 3 on page 1 of the form is answered affirmatively: le academic staff member, the involvement of University of Illinois students, faculty ther non-University activities does not appear to be detrimental to those individuals.
Agree	
Disagree If so, ple	e vase attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PART V. Approval	of Activities (Please attach a copy of any referenced explanation.)
A. Retrospective Activit	es (<u>2007-2008)</u>
No retro	spective activities are reported or all retrospective activities are approved.
Some o	r all retrospective activities are not approved. ease attach an explanation and forward to the next administrative level (Dean, Director, or Vice President,
B. Prospective Activities	s (<u>2008-2009</u>)
No pros	pective activities are reported or all prospective activities are approved.
Some or If so, ple	all declared prospective activities are not approved. Ease attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above information is	extrect and complete to the best of my knowledge.
Unit Head Signature	Date 10/1/08
PART VI. Review a	and Approval of Activities by Dean and Others as Required.
Dean/Director/VP Signat (If approval needed)	Date
Additional Reviews (Signatures)	Date
	Date

Print Form

Clear Form

University of Illinois at Chicago

Academic Staff

2008-2009 Report of

Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Bell MD

First Name: Carl

Title / Rank: Clinical Professor

College: Medicine

Dept. / Unit: Psychiatry

Appointment 20%

University Contract Period¹

9 months/ 10 months/ 12 months/ Summer

PART L. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
Do you have a consulting or other financial
relationship with a sponsor of your research? yes* no
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research?
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff?
4. Do you or does any member of your immediate
family have any other relationships.
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* in no
*Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART H. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

			Do you have an	2007-2008	2008-2009
			ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
	Nature of your activities		company / organization?	Retrospective	Prospective
	(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
	examples)	company/organization)	an attached statement.)	this Reporting Period	Current Reporting Period
-					
					ra and and and and and and and and and an
-					
		5	J		I

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Carlo Mill M Da

9-22-08

Please submit to your unit head for administrative review and approval.

¹ Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500 50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 172% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$1.77,412 as of July 1, 2008.)

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

		onflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
Α.	Based on th	ne activity reported and to the best of my knowledge and in my judgment:
	X	No conflict of interest or commitment exists.
		A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
		A conflict of interest or commitment may exist that warrants further review. <u>If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President, Dean, Director).</u>
В.	As descri	bed by the academic staff member, the involvement of University of Illinois students, faculty aff in his/her non-University activities does not appear to be detrimental to those individuals.
		Agree
		Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
		proval of Activities (Please attach a copy of any referenced explanation.)
A.	Retrospect	ive Activities (2007-2008)
		No retrospective activities are reported or all retrospective activities are approved.
		Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President,
B.	Prospective	e Activities (<u>2008-2009</u>)
	JE .	No prospective activities are reported or all prospective activities are approved.
		Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
Th	ne above info	rmation is correct and complete to the best of my knowledge.
	nit Head Sign	$\frac{1}{2}$
PAR'	ΓVI. R	eview and Approval of Activities by Dean and Others as Required.
De	ean/Director/	VP Signature
	f approval ne	
Ac	dditional Rev	
(S	ignatures)	Date
		Date

DISCLOSURE AND REQUEST FOR PRIOR

APPROVAL
Last Name: BHAUMIK
First Name: DULAL
Title / Rank: PROFESSOR
College: Medeire
Dept. / Unit: Psychiatry
Appointment 1 1/2 %
University Contract Period ¹ 9 months/10 months/12 months/Summer
PART II. Listing of Non-University Incom
If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
Report total number of days, where an accumulation of eight

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? yes* no
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research? yes* no
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff? yes* no
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* X no
*Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

me Producing Activities

- hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

2008-2009 2007-2008 Do you have an Aug.16 - Aug.15 ownership interest in this Aug.16 - Aug.15 **Prospective** Retrospective company / organization? Nature of your activities Days to be Spent in Days Spent During (If so, please explain in For whom (e.g., (see instructions for Current Reporting Period this Reporting Period an attached statement.) examples) company/ organization)

I HAVE NO ACTIVITIES THAT I AM REOUIRED TO REPORT

Affirmation PART III.

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated

Academic Staff Member's Signature Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

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Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

Administrative Review and Approval, UIC RNUA 2008-2009

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A. Based on the activity reported and to the best of my knowledge and in my judgment:
No conflict of interest or commitment exists.
A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President).
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B. Please complete if question 3 on page 1 of the form is answered affirmatively: As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.
Agree
Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)
DADT W Approval of Activities (D) 4 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
PART V. Approval of Activities (Please attach a copy of any referenced explanation.) A. Retrospective Activities (2007-2008)
No retrospective activities are reported or all retrospective activities are approved.
Some or all retrospective activities are not approved.
If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President
B. Prospective Activities (2008-2009)
No prospective activities are reported or all prospective activities are approved.
Some or all declared prospective activities are not approved.
If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President:
The above information is correct and complete to the best of my knowledge.
Unit Head Signature Ullullullullullullullullullullullullullu
PART VI. Review and Approval of Activities by Dean and Others as Required.
Dean/Director/VP Signature (If approval needed) Date
Additional Reviews (Signatures) Date
Date

Administrative Review and Approval, UIC RNUA 2008-2009
(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

	flict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A. Based on the a	activity reported and to the best of my knowledge and in my judgment:
	No conflict of interest or commitment exists.
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
As describe	ete if question 3 on page 1 of the form is answered affirmatively: et d by the academic staff member, the involvement of University of Illinois students, faculty in his/her non-University activities does not appear to be detrimental to those individuals.
	Agree
	Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President)

	roval of Activities (Please attach a copy of any referenced explanation.)
	Activities (2007-2008)
	No retrospective activities are reported or all retrospective activities are approved.
	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospective A	activities (<u>2008-2009</u>)
	No prospective activities are reported or all prospective activities are approved.
	Some or all declared prospective activities are not approved. f so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above informa	ation is correct and complete to the best of my knowledge.
Unit Head Signatu	ire Jundland Date 10/1/08
PART VI. Rev	iew and Approval of Activities by Dean and Others as Required.
Dean/Director/VP (If approval neede	Signature Date
Additional Review (Signatures)	ws Date
	Date

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Burke
First Name:	Erin
Title / Rank:	MD
College:	
Dept. / Unit:	Psychiatry
Appointment	<u>25_</u> %
University Cor	ntract Period ¹]10 months/[]12 months/ >Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? yes* x no
2. Do you or does any member of your family ² have a managerial role or a significant ³
financial relationship with a company that does business with the University or with a company in a field of your research? yes* 🗵 no
3. Do you have non-University professional activities or income producing activities
involving University of Illinois students, or other faculty or staff?
4. Do you or does any member of your immediate family have any other relationships,
commitments, or activities that might present or appear to present a conflict of interest or
commitment with your University of Illinois appointment? Such relationships may include
financial or fiduciary interests or uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* X no
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

* If your appointment is less than 75% time, you do not need to complete this section.
* Report total number of days, where an accumulation of eight

hours equals one day, regardless of time of day or day of week.

- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

2008-2009 2007-2008 Do you have an Aug.16 - Aug.15 Aug.16 - Aug.15 ownership interest in this Retrospective Prospective company / organization? Nature of your activities Days to be Spent in Days Spent During (If so, please explain in (see instructions for For whom (e.g., this Reporting Period Current Reporting Period an attached statement.) company/ organization) examples)

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

² University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

Administrative Review and Approval, UIC RNUA 2008-2009 (Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A. Based on the activity reported and to the best of my knowledge and in my judgment:
No conflict of interest or commitment exists.
A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Please complete if question 3 on page 1 of the form is answered affirmatively: As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.
Agree
Disagree If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PART V. Approval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospective Activities (2007-2008)
No retrospective activities are reported or all retrospective activities are approved.
Some or all retrospective activities are not approved.
If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospective Activities (2008-2009)
No prospective activities are reported or all prospective activities are approved.
Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above information is correct and complete to the best of my knowledge.
Unit Head Signature (Uluu W Date 10 1/08
PART VI. Review and Approval of Activities by Dean and Others as Required.
Dean/Director/VP Signature (If approval needed) Date
Additional Reviews (Signatures) Date
Date

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Randall
First Name:	Carter
Title / Rank:	Assistant Professor
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	100%
University Co	ntract Period¹]10 months/⊠12 months/∐Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes* ☒ no
2. Do you or does any member of your family ² have a managerial role or a significant ³ financial relationship with a company that
does business with the University or with a company in a field of your research? yes* 🖂 no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff?
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* no *Please list and explain in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT suffice as explanation.
D. L.: — A ativities

PART II.	Listing of Non-U	niversity Income	Producing.	Activities
T TATE IT	Libring of I ton o	2221 2222		

- If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

examples)	vompunji ergumanonj			
Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 Retrospective Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 Prospective Days to be Spent in Current Reporting Period
hours equals one day, regain	raiess of time of day of day	OI WCCK.	7.007.000	2008 2000

LILAVE NO ACTIVITIES THAT I AM DECILIDED TO REPORT

	∑ <u>I HAV</u>	E NO ACTIVITIES T	HAT I AM REQ	UIKED	TO REPORT
PART III.	Affirmation				
Y CC Abot I I	and road the Unix	versity's Policy on Confli	icts of Commitmen	t and Inter	rest ⁴ and the above information is
true to the best	of my knowledge.	:. If significant changes in	activities occur du	ring the ye	ar, this form must be updated.
		administrative review and ap		Date	9/30/08
Academic Staff	Member's Signature	for dill	moval		
<u>Please submit to </u>	your unit head for a	idministrative review and ap	provau	term of employ	vment
Check all that apply	. The University contract	et period includes evenings, weekend	is and nondays during the	term or employ	ymone.

² University Policy defines 'Family" as one's spouse and children. Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

	d ovulcination)
PART IV. Co	nflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A. Based on the	e activity reported and to the best of my knowledge and in my judgment:
VZ	No conflict of interest or commitment exists.
	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
A .1	plete if question 3 on page 1 of the form is answered affirmatively: bed by the academic staff member, the involvement of University of Illinois students, faculty aff in his/her non-University activities does not appear to be detrimental to those individuals.
	Agree
	Disagree <u>If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)</u>
DADT V An	proval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospecti	ive Activities (2007-2008)
NZÎ	No retrospective activities are reported or all retrospective activities are approved.
	the state of the s
[]	Some or all retrospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospective	e Activities (<u>2008-2009</u>)
M	No prospective activities are reported or all prospective activities are approved.
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President,
The above info	ermation is correct and complete to the best of my knowledge.
Unit Head Sigr	
PART VI. R	eview and Approval of Activities by Dean and Others as Required.
Dean/Director/ (If approval ne	
Additional Rev (Signatures)	views Date
	Date

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	Carter Porges
First Name:	Carol Sue
Title / Rank:	Professor
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	<u>100</u> %
University Cor 9 months/	ntract Period ¹]10 months/12 months/Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? yes* x no
2. Do you or does any member of your family ² have a managerial role or a significant ³ financial relationship with a company that does business with the University or with a
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or
other faculty or staff?
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do <u>not</u> need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

		Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	Prospective
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
				-

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. <u>If significant changes in activities occur during the year, this form must be updated.</u>

Academic Staff Member's Signature Cart Sus Carter Porges Date Sept 21, 2008

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

² University Policy defines "Family" as one's spouse and children.

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

University of Illinois at Chicago Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Brune
First Name:	Camille
Title / Rank:	Vst Research Assistant Professor
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	50_%
University Con	tract Period ¹ 10 months/×12 months/—Summer

PART I. Conflict of Interest Screening
Please attach an explanatory statement for all "yes" responses.
1. Do you have a consulting or other financial relationship with a sponsor of your research? yes* 🗵 no
2. Do you or does any member of your family ²
have a managerial role or a significant ³
financial relationship with a company that
does business with the University or with a
company in a field of your research?
3. Do you have non-University professional
activities or income producing activities
involving University of Illinois students, or
other faculty or staff?
4. Do you or does any member of your immediate
family have any other relationships,
commitments, or activities that might present or
appear to present a conflict of interest or
commitment with your University of Illinois
appointment? Such relationships may include
financial or fiduciary interests or
uncompensated activities. Report these whether
or not you believe the conflict is manageable. yes* yes* no
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"
responses to the questions above. Lists in Part II do NOT
suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

	indiess of time of day of day	Do you have an	2007-2008	2008-2009
		ownership interest in this	Aug.16 - Aug.15	Aug.16 - Aug.15
Nature of your activities		company / organization?	Retrospective	<u>Prospective</u>
(see instructions for	For whom (e.g.,	(If so, please explain in	Days Spent During	Days to be Spent in
examples)	company/ organization)	an attached statement.)	this Reporting Period	Current Reporting Period
			<u> </u>	

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Date 9/25/08 Academic Staff Member's Signature

Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

 University Policy defines "Family" as one's spouse and children.
 Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

Administrative Review and Approval, UIC RNUA 2008-2009
(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

PART IV. Co	onflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)
A. Based on the	ne activity reported and to the best of my knowledge and in my judgment:
abla	No conflict of interest or commitment exists.
6	A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
As descri	bed by the academic staff member, the involvement of University of Illinois students, faculty aff in his/her non-University activities does not appear to be detrimental to those individuals.
X	Agree Disagree
-	If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
PART V. Ap	proval of Activities (Please attach a copy of any referenced explanation.)
A. Retrospect	ive Activities (<u>2007-2008)</u>
Æ	No retrospective activities are reported or all retrospective activities are approved.
6	Some or all retrospective activities are not approved.
	If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
B. Prospective	e Activities (<u>2008-2009</u>)
×	No prospective activities are reported or all prospective activities are approved.
/ _	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
The above info	rmation is correct and complete to the best of my knowledge.
Unit Head Sigr	nature Jung Whouse M Date 10/27/08
PART VI. R	eview and Approval of Activities by Dean and Others as Required.
Dean/Director/ (If approval ne	
Additional Rev (Signatures)	views Date
	Date